### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY rederich b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 20 2245 --rural ted 40110 d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital NAME OF Middle 4. DATE DECEASED OF DEATH Carrie Baker Tan (Type or print) 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months WIDOWED [ DIVORCED [ yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) USA home Maryland In victuride 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lloyd S. Buckingham Susan Hood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clarence P. Baker. Same 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE (o) DUE TO Fractured right hip Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 2+ texicsclaresis YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY, OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) hom & 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) factory, street, alfice bldg., etc.) Not while 116 at work at work JOH 21. I certify that I attended the deceased from 12 1957, that I last saw the deceased \_\_, and that death accurred at 700 F.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL TO PHYSICIAN'S NAME (Type) Oran 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or caunty) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Carroll -9-7950 Mt. Olive

0 1SM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

C. M. Waltz.

ADDRESS Winfield, Md.

240. REC'D BY REGISTRAR DATE JAN 9

24b. REGISTRAR'S SIGNATURE Cirching & Tiraled

IS RESIDENCE

ON A FARM?

YES NO

Year

PERFORMED?

(State)

DATE SIGNED

(Stote)

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VS A15 (4) 15M 9/55 W

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CERTIFICATE OF DEATH

00585

L			33.	CERTI	FICA	EUF	DEATH			Reg. D	Dist. No		- /
1.	PLACE OF DEATH	ederick		MARY	- 11	o. STATE	Maryl:		d lived. If institut b. COUNTY		deri		ion)
	b. CITY OR TOWN (III RURAL and give ne	f outside corporate lim arest town) ederick	its, write	c. LENGTH OF STAY		c. CITY OR			Marylan		give ne	arest town	1)
	d. NAME OF HOSPIT OR INSTITUTION 90	AL (If not in hospital, of Walnut S				d. STREET		rick)	903 Walı	nut S	t.		FARM?
3.	NAME OF DECEASED (Type or print)	Martha		Middle Elizabetl		Bart	ost	4. DATE OF DEATH	Ja.		1		Year 19 59
L	Female	White	WIDOW			-	5, 1880		9. AGE (In years lost bythdoy) yrs.	Months		Hours	Min.
10	during most of work HOUSEWI	ing life, even if refired	done 10b.	NONe NONE	R INDUSTR		arylano		ountry)	12. C	U.S		COUNTRY
13.	FATHER'S NAME  John	Stine				14. MOTHER	Corne		Cornetz				
15.  Ye	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of 10	CES? 16.	social security no none		RMANT B. Augi	ustine	Wick	Less 903	waln	ut S	t. (I	Daugh
	Conditions, if or gave rise to in cause (a), stoting the lying cause last.	the under-		Deuler	. rev	al c	listas	e.	z tark			SET AND	10-
CERTIFICATION				CONTRIBUTING TO DEA						VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OF	CCURRED. (	Enter noture	of injury in Po	ort I or Port	I II of item 1B.)	3			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. II While of wor	Not white	20e. PLACE factor	OF INJURY y, street, office	(Home, farm, ce bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify the alive on	at I attended the	deceas , 12	~				M, fran	n the causes of reet, city or town,	and an		te state	
L	REMOVAL (Specify) Burial			22c. NAME OF CEME					ION (City, town.			(State	Þ)
23.	John Control	SIGNATURE	gy.	ADDRESS Frederick	, Mar	yland	240. REC'D	BY REGIST		STRAR'S S		RE	

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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00586

**CERTIFICATE OF DEATH** 615

Rea. Dist. No.

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1.	o. COUNTY Freder:	ick			MARY	AND	2. USUAL RESI o. STATE	Mary		d lived. If instituti b. COUNTY		erice before		on)
Г	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGT	TH OF STAY I	N 1b	c. CITY OR			rote limits, write R	URAL ond	give neare	st lown	)
		lddletown					Rural	Midd	Tetby	m				
		AL (If not in hospital, g		oddress)			d. STREET A		1.0.00					DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Fin Ger	truc	le	Middle M. C.	. В	eachley		4. DATE OF DEATH	Mor	ith	Day 16		rear 959
5.	SEX	6. COLOR OR RACE	7. MARR	IED   NE			B. DATE OF BIRT			9. AGE (In years	IF UNDER		-	
f	emale	white	WIDOWI		DIVORCED	_	5/4/78	376		lost birthday)	Manths	Days	Haurs	Min.
	J. USUAL OCCUPATIO	(1112200		140-0,	BUSINESS OF	RINDUS	TRY 11. BIRTHPI	LACE (Stote	or foreign c	02	12. CI	TIZEN OF	WHAT	COUNTRY
	housewi		)		9		9. 0	rland			T	TO		
13.	FATHER'S NAME	LIG		own	home		14. MOTHER'S	- Parket Service Strategy and Parket	IAME			J.D.		
1	William	MaDnida								- la				
15.	WAS DECEASED EVER		CES? 16	SOCIAL SE	CURITY NO	17. 16	FORMANT	zabe	UII AL	Isherman				
{Y	n, no, or unknown)	If yes, give war or dates of s				_	1		D1-					
=	no	PL Fr.		nor			ranklin	E.	Beach	Liey, Ni	ddle			Md.
		TH [Enter anly ane ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a	10	ine for (a),	(D), and (C).	ma	Pro	Cale	c Con	Con			AND	DEATH
	153.8	DUE TO		,	41 0	21	11	1 . 1	1					
	Conditions, if or	y, which )		w	ch 1	M	tata	res						
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	lying couse lost.	he under-										100		
Z	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUT	TING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T I(o) 19.	WAS A	UTOPSY
CATIC		X										· ·	PERFO	NO D
CERTIFICATION	200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOV	V INJURY OC	CURREC	), (Enter nature a	of injury in I	Part 1 ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	NJURY OCC	while	20e. PLA foc	CE OF INJURY ( tory, street, office	(Home, form e bldg., etc.	, 20f. (City	or town)	(	County)		(State)
	21. I certify the	at I attended the	decease	ed from	Van	11.	4, 1954	, to 4	gu	16.1259	that I	last saw	the	deceased
	alive on	AU 14	. 125	9	and that	death	/		PM. fran	n the causes				
	7	^ -		7 '	. /	,				reel, city or town,		ne date		TE SIGNED
Н	ACTUAL SIGNATURE	45	lu	KLI	Har	6.	4.0	1	und	dutor	in	1	-/	7-54
	2012/01/01/01	0.	100		1				With the State of the St.		L			
	PHYSICIAN'S DI	. J. Elm	er H	arn			Mi	ddle	town.	Md.	-1294			
22	BURIAL, CREMATION				ME OF CEME	TERY OF	CREMATORY			ION (City, town,	or county)		(State	)
b	REMOVAL (Specify)	1/20/1	050	PIG	aggant	- 7/4	ew Cem	oton				200	3	
-	FUNERAL DIRECTOR'S		<del></del>		RESS	. V.			BY REGIST	RAR 246. REGI	STRAR'S SI	GNATURE	1	
	Gladhill	Co., Mi	ddle	town	n, Md.				2 0 '59			4		
-		2						PAN	K U 33	Int	mg 8	Tenned -		

VS A15 (4) 15M 9/55

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Carlo Control State Control		

3				CAND	STATE DEPART	CATE OF E			IMORE, 1	Reg. Dist.	005	87
M)	1.	PLACE OF DEATH	rederick	0.2.0	MARYLAN	a. STATE	DENCE (When		lived. If instituti b. COUNTY		before admi	ssion)
			f outside corporate lim	its, write	c. LENGTH OF STAY IN				ote limits, write R			vn)
00		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, )	give street	36 year	d. STREET A	urmon	נט			ON	ESIDENO A FARM
		NAME OF DECEASED (Type or print)	Fi Edr	rst 18	Middle Goldie	Boller		4. DATE OF DEATH	Janu <b>ar</b>		Day 1,	Year 195
		emale	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED [			. 1	P. AGE (In years lost birthdoy) yrs.	Months Do		
1	10a	USUAL OCCUPATIO during most of working House	ON (Give kind of work sing life, even if retired OWITO	done 10b.	own home	COTI	insvi	TTO,	Pa.		S.A.	
			er E. Tho			14. MOTHER'S	Mary		nwood			
			R IN U. S. ARMED FOI (If yes, give wor or dates of	service)	SOCIAL SECURITY NO.	7. INFORMANT	ar i	100	Boller	Thur	mont	, M
		PART I. DEAT  420, / Conditions, if an	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO	0) (0	toro-geleto	occlus Vic card	ion liv-vas	scula	v disse	'	INTERVAL E ONSET ANI 2 -t	
0	ATION	gave rise to in cause (a), stating I lying cause last.  PART II. OTH	the under-	c)	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORME
	CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCU	FRRED. (Enter nature a	of injury in Pa	ort I or Part	II of item 18.)		1123	NC
	MEDICAL	20c. TIME OF INJURY Hour a. jr. p. m.	Y Month, Day, Ye	While		PLACE OF INJURY ( factory, street, office	Home, farm, e bldg., etc.)	20f. (City	or town)	(Cou	nty)	(S
		21. I certify the alive on 102.	at I attended the	deceas , 12		2_Z, 19.59 ath accurred at	5:1/45	M, fram DDRESS (She	the causes o	nd on the	date stat	
1		PHYSICIAN'S NAME (Type)	1. FRAN	KL11	N BIREL	M.D	Ther,	mon	y par	·!/	2/5	7-7-
		BURIAL, CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	Jan 4	0F 195	22c. NAME OF CEMETER  Blue Ri  ADDRESS	dge Ceme			ON (City, town, on the France) AR 246, REGI	,	(Sto	

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### FOR STATE HEALTH DEPT.

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5. SEX

moy be retained with SO Page 72 poges Office along with form PM3. l Examiner's Crimeral Examiner's Crimeral F pasa Chief Medical E. 3 should be we writing th 0 DIRECTOR: designated should FUNER 40

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE YES INO IZ NAME OF Middle 4. DATE Last Year OF DEATH (Type or print) 19 A COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED 17 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [] NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while at wark ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\). Inspection 17. Inquiry 7 and in my opinion deoth resulted from: Notural causes , Accident , Suicide . Hamicide , Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
505			

CERTIFICATE OF DEATH

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						reg. Dist. I	140.
1. PLACE OF DEATH o. COUNTY Freder	rick	MARYLAND	2. USUAL RESIDENCE (W o. STATE		If institution		derick
b. CITY OR TOWN (If outside cor		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	N	nils, write RUR	AL ond give	nearest town)
RURAL ond give neorest lown) Frederick	P. Call	2 Weeks		derick-Ru			
d. NAME OF HOSPITAL (If not in OR INSTITUTION	7.7	et oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Frederick Memo	orial nos	pital	Quinn Roa	d			YES NO
3. NAME OF DECEASED (Type or print)	First BESSIE	Middle LOUISE	BURRIER	4. DATE OF DEATH	Month Jant	12 <b>E</b> y	Doy Yeor 21, 19 59
		ARRIED NEVER MARRIED	8. DATE OF BIRTH	and loss		Months Day	EAR IF UNDER 24 HRS.
Female Whit		WED DIVORCED		1885   7	4 yrs.	100 0000	
10a. USUAL OCCUPATION (Give kin during most of working life, eve Domestic	d of work done 10 n if retired)	At Home	Maryl:			12. CITIZEN	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
George E.	Hamilto	n	Marga	ret Kelle	r		
15. WAS DECEASED EVER IN U. S. A	RMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT		Addres	\$	
(Yes, no. or unknown) No No No	or dates of service)	Mr	. George E. B	urrier, S	ame as	item ;	#2
18. CAUSE OF DEATH [Enter of	only one couse per	line for (o), (b), and (c).]					INTERVAL BETWEEN
PART I. DEATH WAS CA	USED BY: CAUSE (o)	Cardiac &	deconjugat	in			3 wich
443×	DUE TO	7,					
Conditions, if any, which	(b)	treas tennine	Thank Dire	are			
gove rise to immediate ( cause (a), stating the under-	DUE TO	1 at.	0				
lying couse lost.	(c)	allerease	leron				
PART II. OTHER SIGNIFIC	L B10	S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NINAL DISEASE CON	DITION GIVEN	N IN PART 1(c	PERFORMED?
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)	ING   20b. D	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part 1 or Part II of	item 18.)		
20c. TIME OF INJURY Month, Hour o. m.	Day, Year 20d		LACE OF INJURY (Home, for octary, street, affice bldg., et	m, 20f. (City or to	√n)	(Cour	nly) (State)
21. I certify that I after		ased from Jan 14	13 , 1950, to	Jan 21	, 1959	that I last	t saw the decease
alive on Afra 2	(2) 19	51, and that deat	h accurred at 2:40	M, from the	causes an	d on the	date stated above
1 1 0	·	7 0		ADDRESS (Street, o		ate)	DATE SIGN
SIGNATURE HOLD	mence	Ekny	M.D. East Dec	ond Stree	T		1/22/59
PHYSICIAN'S NAME (Type) Dr. F	I. L. Fal	rney	Frederic	k, Maryla	nd		
	TE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (	City, town, ar	county)	(Stote)
Burial Jan	23,1959	Union Chape	1 Cemetery	Freder	ick Co	inty,	Marylan
23. FUNERAL DIRECTOR'S SIGNATUR	RE	ADDRESS		D BY REGISTRAR	24b. REGISTI	RAR'S SIGNA	TURE
M. R. Etchison &	Son, Fre	derick, Maryla	nd DATE JA	IN 26 '59	Cuth	my & A	1000

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24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

240. REC'D BY REGISTRAR

DATE JAN 2 8 '59

Page 4	director,	1.	PLACE OF DEATH	Frede
deoth.	innerol director		BURAL ond give near FOXVIIIE	outside corpore rest town)
rs ofter			d. NAME OF HOSPITAL OR INSTITUTION	Privat
24 hau	Poges 1 and	1	NAME OF DECEASED (Type or print)	Clara
hin.	7 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	5.		6. COLOR OR
*	e e		Female	Whit
executed	nd compl on popers death.	100	USUAL OCCUPATION during most of working	
90	6 00 1		FATHER'S NAME	
ote	o corbo		Themas	Griff:
certific	ng physici remove 72 hours		WAS DECEASED EVER	IN U. S. ARME yes, give wor or d
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in byl r use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 emotion, or remayal, and in any event within 72 hours after death.		331 X	WAS CAUSE MMEDIATE CA
requir	onsit per	7	couse (o), stoting the lying couse lost.	
he faw	nos bee riol-tro naval,	CERTIFICATION	PART II. OTHE	Pyon
IAN: T	ficote I the bu		200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	UNDERLYING CAUSE OF DEDICAL EXAM
DING PHYSICIAN: The law re-	FOR: After this certificate has been si detached for use as the burial-transit to burial, cremation, or remayal, and	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Do
O C	م م	1		A. I. cathon do.
DIN	After hed fo rial, a		21. I certify tha	t l attende
OR ATTEN	of OR: Afti		ACTUAL SIGNATURE	ules
ITAL C	SAL D		PHYSICIAN'S D	r. Cha
O HOSPITAL O	o FUNERAL Di page 3 should be the registror priar	220	BURIAL, CREMATION	1-28
10	5	23.	PUNERAL DIRECTOR'S	SIGNATURE

Raymond E. Creager

							Reg. Dist. No.	
PLACE OF DEATH o. COUNTY	Frederic	ek	MARYLAND	2. USUAL RESIDENCE (W	here deceosed rylan		ni Residence befor	
EURAL ond give ne	If outside corporate limit earest town)	s, write c. LENC	L yr.	c. CITY OR TOWN (IF	letre		JRAL and give nea	rest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, gi  Private h			d. STREET ADDRESS				ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Clara An		Middle	Lost	4. DATE OF DEATH	Jan	uary 25	
Female Female	6. COLOR OR RACE White	7. MARRIED N	DIVORCED	June 15,	1883	9. AGE (In years lost by thday) yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
during most of work Housewif	king life, even if retired)		BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stote Mary		ountry)		S.A.
Themas	Griffin			14. MOTHER'S MAIDEN		rdsen		
S. WAS DECEASED EVE	R IN U. S. ARMED FORG	TES? 16. SOCIAL S	14	rs. Richard	А. Н	auver	Lantz,	Md.
	mmediate ( DUE TO	Ce	rebral k	iemorrhage	cleros	sis		RYAL BETWEEN ET AND DEATH 4 days 3 years
20a. ACCIDENT WA	Pyoneph	ritis		T NOT RELATED TO THE TERM  D. (Enter noture of injury in	mo.		EN IN PART 1(o) 1	P. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.			while fo	LACE OF INJURY (Home, for octory, street, office bldg., etc		or town)	(County)	(Stote)
Hour o. m. p. m.  21. I certify the alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	03-59 hales Te			-58, 19 , ta_ h accurred at 6: 500 M.D. Smit)	P_M, fram	the causes a	nd an the da	
BURIAL, CREMATIO	1-28-59	7	ME OF CEMETERY C	crematory Cemetery		ION (City, town, o		nd-Worce

ADDRESS

Thurmont, Md.

VS A15 (4) 15M 9/55

# MARYLAND STATE DEVARIMENT OF HEALTH-BALTIMORE; 18 CERTIFICATE OF DEATH

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VS. ATSME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00591 Rea. Dist. No

1. PLACE OF DEATH	3	)	2. USUAL RESIDENCE (		ved. If institution		
	derick	MARYLAND	мат	yland			lerick
and give nearest town	ick Co.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		e limits, write RI	URAL and give	e nearest tawn)
		in hospital, give street address)	d STREET ADDRESS	OWII			e. IS RESIDENCE
		Hospital D.O.A					ON A FARM?
3. NAME OP DECEASED (Type or print)	Felicia	Middle Doreen	Carroll	4. DATE OF DEATH	Month Janura		y Year 19 59
5. SEX Female	6. COLOR OR RACE 7. M	ARRIED   NEVER MARRIED   8.	DATE OF BIRTH	9. A	GE (in years	FUNDER TYE	AR IF UNDER 24 HRS
100. USUAL OCCUPATIO	ON (Give kind of work dane)	106. KIND OF BUSINESS OR INDUST	March 20, I	958   e or foreign countr		IOL	OF WHAT COUNTRY
during mast of warkin	g life, even if retired)		Freder			1. 10	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
			Cornelia	Carr	coll		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT		Address	Y-1	
	( / ( )		Cornelia C	arroll	Adan	nstown	. Md.
			Charles on the san on "The				
18. CAUSE OF DEA	TH [Enter only one cause per					III	TERVAL SETWEEN
	TH WAS CAUSED BY:	line far (a), (b), and (c).]	tie			III	NSET AND DEATH
	TH WAS CAUSED BY:		tis			III	24 hrs.
492 X	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	line for (a), (b), and (c).] Viral Pneumoni				III	NSET AND DEATH
PART I. DEA' 492 X Canditions, if a	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote couse	line far (a), (b), and (c).]		`e		III	NSET AND DEATH
PART I. DEA' 492 X Conditions. if o gave rise to immed (a), staling the	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse	line for (a), (b), and (c).] Viral Pneumoni		`e		III	24 hrs.
PART I. DEA:  492 × Conditions, if o gave rise to immer (a), stoling the couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse underlying  DUE TO  (c)	Viral Pneumoni Congestive He	art Failur			0	24 hrs. 3 hours
PART I. DEA:  492 × Canditions, if a gave rise to immer (a), staling the cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diate cause anderlying  DUE TO  (c)  IER SIGNIFICANT CONDITION	line for (a), (b), and (c).] Viral Pneumoni	art Failur			0	24 hrs. 3 hours
PART I. DEA'  492 × Conditions. if o gove rise to immed (a), stoling the couse lost.  PART II. OTH  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diate cause anderlying  DUE TO  (c)  IER SIGNIFICANT CONDITION	Viral Pneumoni Congestive He	art Failur  or related to the term	MINAL DISEASE CO	NDITION GIVEN	0	24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED?
PART I. DEA:  492 × Canditions, if a gave rise to immer (a), staling the cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Ine for (a), (b), and (c).]  Viral Pneumoni  Congestive He  INS CONTRIBUTING TO DEATH BUT IN  SCRIBE HOW INJURY OCCURRED. (Er	art Failur  or related to the term	AINAL DISEASE CO	NDITION GIVEN	0	24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED?
PART I. DEA'  492 X  Conditions, if o gove rise to immed (o), stoling the couse lost.  PART II, OTH  20a, EXTERNAL CAL PRIMARY Or COLOUR CAUSE OF DEATH.  20c. TIME OF INJUI Hour o.m. p.m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause anderlying  DUE TO  (c)  IER SIGNIFICANT CONDITION  USE WAS ATRIBUTING   RY Month, Day, Year  19	Iline for (a), (b), and (c).]  Viral Pneumoni  Congestive He  NS CONTRIBUTING TO DEATH BUT N  GORIBE HOW INJURY OCCURRED. (En  20d. INJURY OCCURRED   20e. PLAC While Not while   factor	art Failur  OT RELATED TO THE TERM  ster nature of injury in Par  E OF INJURY (Home, form ry, street, office bldg., elc	AINAL DISEASE CO	NDITION GIVEN em 18.) own)	N IN PART I (o	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES NO (State)
PART I. DEA'  492 X  Conditions. if o gove rise to immer  (o), stoling the couse lost.  PART II, OTH  20a, EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o.m. p.m.  21. I certify th	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Ine for (a), (b), and (c).]  Viral Pneumoni  Congestive He  AS CONTRIBUTING TO DEATH BUT N  GORIBE HOW INJURY OCCURRED. (En  20d. INJURY OCCURRED   20e. PLAC While   NoI while   of work   of work	or RELATED TO THE TERM  ster nature of injury in Paris E OF INJURY (Home, forry, street, office bldg., etc.)	ri I or Port II of ite  m, 20f. (City or le	ndition given sm 18.) swn)	N IN PART I (a	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES 10 (Stole)
PART I. DEA'  492 X Conditions. if o gove rise to immer (o), stoling the couse lost.  PART II. OTH  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o.m. p.m.  21. I certify th	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Ine for (a), (b), and (c).]  Viral Pneumoni  Congestive He  INS CONTRIBUTING TO DEATH BUT IN  SCRIBE HOW INJURY OCCURRED. (Er.  20d. INJURY OCCURRED   20e. PLAC While Not while   10 work   10 work	ot RELATED TO THE TERM  THE OF INJURY (Home, form ry, street, office bidg., etc.  re, held an Autaps  J. Suicide,  M.D. CHIEF MEDICAL E.	TINAL DISEASE CO	ndition given sm 18.) swn)	N IN PART I(a  (County)	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES 10 (Stole)
PART I. DEA'  492 X Conditions. if o gove rise to immed (o), stating the couse lost.  PART II. OTH  20a. EXTERNAL CAI PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. I certify the apinion death  ACTUAL	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Viral Pneumoni  Congestive He  INSTITUTE TO DEATH BUT IN  SCRIBE HOW INJURY OCCURRED. (En  While Nol while of work of	ot RELATED TO THE TERM  of Industry in Particular industry in Particular industry in Particular industry, street, office bldg., elected, suicide , Suicide , ASSISTANT MEDICAL ELECTED.	AINAL DISEASE CO	ndition given sm 18.) swn)	N IN PART I(a  (County)	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES NO (State)  (State)
PART I. DEA'  492 X Conditions. if o gove rise to immer (o), stoling the couse lost.  PART II, OTH  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o.m. p.m.  21. I certify the apinion death  ACTUAL SIGNATURE	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Viral Pneumoni  Congestive He  INS CONTRIBUTING TO DEATH BUT N  SCRIBE HOW INJURY OCCURRED. (Er  20d. INJURY OCCURRED and Involved of work and work and courses and causes and c	ot RELATED TO THE TERM  THE OF INJURY (Home, form ry, street, office bidg., etc.  re, held an Autaps  J. Suicide,  M.D. CHIEF MEDICAL E.	AINAL DISEASE CO	ection X,	N IN PART I(a  (County)	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES NO (State)  Contain my ner DATE SIGNED
PART I. DEA'  492 X  Canditions. if o gove rise to immer  (a), staling the couse last.  PART II. OTH  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. P.m.  21. I certify the apinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220. BURIAL, CREMATIG	THE WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  (c)  DUE TO  (d)  DUE T	Viral Pneumoni  Congestive He  INS CONTRIBUTING TO DEATH BUT N  SCRIBE HOW INJURY OCCURRED. (Er  20d. INJURY OCCURRED and Involved of work and work and courses and causes and c	ot related to the term  of related to the term  of rolling of injury in Paragraphic of the property, street, office bidg., etc.  re, held an Autaps  de, held an Autaps  de, beld an Autaps  de, held an Autap	AINAL DISEASE CO	ndition Given  em 18.)  ewn)  ection X,  Undetern	(County) Inquiry finined man	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES NO (State)  Contain my ner DATE SIGNED
PART I. DEA'  492  Conditions. if o gove rise to immer (o), staling the couse lost.  PART II. OTH  PART II. OTH  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. I certify the apinion death  ACTUAL SIGNATURE  EXAMINER'S	THE WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  (c)  DUE TO  (d)  DUE T	Viral Pneumoni  Congestive He  Ins Contributing to DEATH BUT N  CONTRIBUTI	ot related to the term  of related to the term  of rolling of injury in Paragraphic of the property, street, office bidg., etc.  re, held an Autaps  de, held an Autaps  de, beld an Autaps  de, held an Autap	AINAL DISEASE CO	m 18.)  ection X,  Undetern  (City, town, or	(County) Inquiry finined man	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES NO (State)  And in my ner DATE SIGNED  (State)
PART I. DEA'  492  Conditions. if o gove rise to immer (o), stoling the couse lost.  PART II, OTH  20a, EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o.m. p.m.  21. I certify the apinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify)  220. BURIAL, CREMATIC SEMOVAL (Specify)	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DUE TO  DUE TO  (c)  JOHN CONDITION  AND CONDITION  DUE TO  (c)  DU	Viral Pneumoni  Congestive He  Ins Contributing to DEATH BUT N  CONTRIBUTI	OT RELATED TO THE TERM  THE OF INJURY (Home, formation, street, office bidg., etc., held an Autaps.)  M.D. CHIEF MEDICAL E.  ASSISTANT MEDICAL  CREMATORY	AINAL DISEASE CO	molition Given	(County) Inquiry Enined man	NSET AND DEATH 24 hrs.  3 hours  19. WAS AUTOPSY PERFORMED? YES NO (Stole)  And in my ner  DATE SIGNED  (Stole)  Md

Cornell to describe Tipered of the area notice to continue the spirit and a

VS. A1SME(S) 5M 9/55 M

00592

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Free	derick	3-4	MARY	LAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceo	b. COUNT				ission)
	o. CITY OR TOWN (IF and give nearest town Frederick	autside corporate limits, write	EURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		rporote limits, write	RURAL and	give n	eorest to	wn)
		Memorial H		pital, give street address	)	d. STREET ADDRESS					ON	A FARM?
	NAME OF DECEASED (Type or print)	Fin GER	ALD	Middle ARTHUR		Lost	4. DATE OF DEATH	Mont Ja	nuary	Day 23.		9 <b>5</b> 9
5.	Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED		ATE OF BIRTH  3 May 1953		9. AGE (In years last bighday) 5 yrs.		1YEAR Days	Hours	ER 24 HRS. Min.
	Infa		done 10b. K	IND OF BUSINESS OR I		Maryl	and	country)	12. CITI	US US		COUNTRY
13.	Arthur H	H. Cook				14. MOTHER'S MAIDEN Nelli		abeth Pat	e			
15. {Ye	WAS DECEASED EV	ER IN U. S. ARMED FO If yes, give wor or dates of		None		hur H. Coo	k (Sa	Address ame as it	44 - 9	)		
		ny, which (b)	Gene	for (o), (b), and (c).]  eralized Pe  truction  sed by Merk				tinal		ONSE	Hot	ATH
CERTIFICATION	PART II. OTH	JSE WAS 20		HOW INJURY OCCUR					VEN IN PAR			AUTOPSY PRMED? NO
MEDICAL CER	20c. TIME OF INJUI Hour o. m.		While		e. PLACI	OF INJURY (Home, for y, street, office bldg., o	orm, 20f. (Cit	y or town)	(Cou	inty)		(Stole)
	21. I certify th		of the r	emains described  Accident   ,		e, held an Auto de, Homici  M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	de, U	Indetermined	_		DATE S	find that BIONED
	REMOVAL (Specify) Burial	1-26-59	F	22c. NAME OF CEMETE Mount Oliv ADDRESS		emetery	Free	ATION (City, lown, derick, M	aryla		(Stot	e)
23.	M. R. Etc		n, Fre	ederick, Ma	ryla		IN 2 6 '59		STRAR'S SIC		(E	

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sary, please Health. or. Poge

TO DEPUTY MEDICIAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any delay is necess execute the cell site, writing the word "pending" in pendil in flem, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be formanded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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-		010	TOOM	2	TIMECOO	1-	27-77 60			Keg. Di	II. NO.	
	COUNTY Fred	lerick			MARYLAN		o. STATE Mary	Vhere deced	sed lived. If institution b. COUNT		ederi	
ь	CITY OR TOWN (If cond give nearest town)  Jeffers	outside corporate limits, write	RURAL	1	yrs.	b /	c. CITY OR TOWN (IF			RURAL ond	give neorest	town)
d	Glenmers	cie Nursi			street oddress)	1	d. STREET ADDRESS				0	RESIDENCE N A FARM?
- 1	NAME OF DECEASED	Fin		20110	Middle		Lost	4. DATE OF	Mont	lh	Doy	Year
-	Type or print)	Georg	-	-	Thomas		Cubitt	DEATH	1		23	19 59
5. S	M	6. COLOR OR RACE	WIDOWE		DIVORCED		-24-1875		9. AGE  In years last birthday) 83 yrs.	Months C	YEAR IF UN	Min.
d	usual occupation uring most of working truck dr	life, even if refired)			ard 01.		11. BIRTHPLACE (Slote Maryla		country)	12. CITIZ	S A	AT COUNTRY
13.	FATHER'S NAME					14	MOTHER'S MAIDEN	NAME				
(	George W.	. Cubitt					Mary Mon	red				
		R IN U. S. ARMED FO		. SOCIAL S	ECURITY NO. 17	. INFO	RMANT		Address			
						Mr	s. Roy Bo	dmer	Bealla	svilli	e. Md	
CERTIFICATION	Conditions, if on gave rise to immedital, stating the uncause last.	date cause nderlying DUE TO (c)  ER SIGNIFICANT CONI	Ca Art	ero Ontributi	NG TO DEATH BU	COS IT NOT	DISOBSE  SOLOT  RELATED TO THE TERMI			VEN IN PART	5 1(o) 19, WA	FORMED?
MEDICAL CE	20c. TIME OF INJURY Hould o. m. p. m.	Month, Doy, Year 1 -23-19	59 Whil	INJURY O	ot while	PLACE (	OF INJURY (Home, form street, office bldg., etc.	20f. (Cit)	y or fown)	(Cour	nty)	(State)
	21. I certify the apinion death r	resulted fram: 1	of the	remoins causes [	described a	· 🔲,	.D. CHIEF MEDICAL EX	Homicide  KAMINER   AL EXAMINE	Undete	, Inquiry	anner [	and in my
220	NAME (Type)	N. 226. DATE THEREC			IE OF COLUMN	OR CRI	DEPUTY MEDICAL		TION (City, town,			

MEDICAL BYANKING CERTIFICATE OF DRAYH THE CHARLES HE KIND WELL AND THE WAY 

roge		irecto	50 PM	
OK TIENDING THIS CAN: The low requires that the death certificate be executed within 24 hours after death. Page		DIR OR: After this certificate has been signed by the attending physician and campletely filled in by 14 meral, directo	ild be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed wi	-
dec	3	he	A PIO	
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Ž	hosp	After	hed f	loi
2	lined the hospital or attending physician.	OR:	etoc	perior to huring creamond on in one event within 72 house ofter death
X P	0	20	be d	inr h
)	ine	5	P	20

x0	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(A)	598 CERTIFICATE OF DEATH

00594 Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RESIDENCE (WI	here decease	d lived. If instituti	on: Resider	nce before o	admission)	
o. COUNTY	Frederick		MARY	LAND	O STATE						
b. CITY OR TOWI	N (If outside corporate limit	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Frederic	ck		Years			erick					
d. NAME OF HO	SPITAL (If not in hospital, gi	ve street o	ddress)		d. STREET ADDRESS	olia A	venue			S RESIDENCE ON A FARM? ES NO	
3. NAME OF DECEASED (Type or print)	Firs	NCES	MARGA		CUTSAIL	4. DATE OF DEATH	Mon Jan	th uary	Oay 5	Year 1959	
5. SEX	6. COLOR OR RACE				DATE OF BIRTH					UNDER 24 HR	
Female	White	WIDOWE		_	une 27, 189	5	last birthdoy) 3 yrs.	Months	Days H	lours Min.	
10a. USUAL OCCUPY during most of v Domest:	ATION (Give kind of work d working life, even if retired)	one 10b. I	At Home		NY 11. BIRTHPLACE (Stole Maryla		ountry)		TIZEN OF V	WHAT COUNT	
13. FATHER'S NAME				11216	14. MOTHER'S MAIDEN I	NAME					
	James T. Boye	r		160		Clara	A. Summe:	rs			
15. WAS DECEASED	EVER IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO	17. INF	ORMANT		Add	ress			
No	No		4-10-1485A	Mr.	Rey C. Cuts	ailS	ame as I	tem #	2		
PART I. [  260)  Conditions, if		TI	e for (o), (b), and (c). etr capillo	ryo	Comerulo -	clero	sis		ONSET	AL BETWEEN AND DEATH GOOS Ufler	
gove rise to couse (o), stati lying couse lo	ng the under- DUE TO										
CAT	OTHER SIGNIFICANT CONE	The R	runbose	ATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	P	WAS AUTOPS PERFORMED?	
OR CONTRIBUTI	WAS UNDERLYING ON NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Por	t It of item 18.)				
20c. TIME OF IN.	m. 10	While	JURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Home, form ry, street, office bldg., etc	1, 20f. (City	or town)	(	County)	(Stot	
	that I attended the Str. 4  Dr. Bernard	02		death o	profess  Frederic	ADDRESS (S	n the causes of treet, city or town, Buildin	ind on t		the decea stated abo DATE SIGN 7/59	
270. BURIAL, CREMA PERMOVAL (Spec	Jan.8,195		22c. NAME OF CEMI Mount Ol		Cemetery		non (City, town, o	or county)	Mary	(Stote)	
23. FUNERAL DIRECTO  M. R. E	or's signature tehison & Sor	, Fr	ADDRESS ederick, M	aryla		D BY REGIST		trar's sie			

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VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00595

615 CERTIFICATE OF DEATH

PAG	Dist.	No
LAN.	MINT.	140.

1. Pi	LACE OF DEATH	ederick		MARY	LAND	2. USUAL RESI		ere decease	d lived. If institut b. COUNTY		nce before		
Ъ.	CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			rote limits, write l				
	RURAL ond give ne	orest town) rtonsville		Life		×	Rural	R	artonsvi	110			
		AL (If not in hospital, g Route 6	ive street			d. STREET A			of Consti		0	ON A	IDENCE FARM?
	AME OF	Fir	st	Middle		Los	t	4. DATE	Ма	nth	Day		Year
	eceased ype or print)	William	A	lfred D	avis			OF DEATH	1		31	,	19 59
5. St	X	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE		8. DATE OF BIRT	Н		9. AGE (In years	IF UNDE	RIYEARI		
	M	C	WIDOW			Nov. 22	1899		lost birthdoy) 59 yrs.	Months	Days	Hours	Min.
Ger	during most of work neral Uti	ON (Give kind of work of ing life, even if retired lities —		KIND OF BUSINESS O	R INDU	Fr	ederi	ck, C	ountry)  Md.	12. CI	TIZEN OF	WHAT	COUNTRY?
13. F.	ATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		Davis			1		Sewe	11					
Yes,	no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO		NFORMANT	• 734	10		fress		-	
	No			14-10-4531		adys Dav	1s kt	• 6 B	artonsvi.	LLe Fi	red.	Co.	Md.
		TH [Enter only one co IH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	0	ne for (o), (b), and (c).		JLI	ver				ONSE	TAND	DEATH Wills
	Conditions, if as	DUE TO	L	Irteriols	cle	udio C	erm	iany	arter	y	2	yea	40
	gave rise to in casse (o), stoting t lying cause lost.	nmediate ( DUE TO		C	les	lose			0		1		
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAI		PERFO	AUTOPSY RMED?
0	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture o	f injury in P	ort I or Por	t II of item 18.)		N.		
MEDICAL	ROC. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Yes	While	NJURY OCCURRED  Not while t ot work		ACE OF INJURY ( ctory, street, office			or town)	(	(County)		(Stote)
	21. I certify th	at I attended the	deceas	ed fram. Dec	. 1	, 1958	, to 91	gn.3	1959	that I	last say	w the	deceased
	alive an	m.30	125	59 and that	death	accurred at		M. fran	n the causes				
		1001	6			1.			treet, city or Jown,		0		TE SIGNED
	ACTUAL SIGNATURE	2.W. M	un	a fr		M.D	lde	uck	1110	1,7	-et.	2,10	159
	PHYSICIAN'S NAME (Type)	B.O.Thoma	s Jr	. 0		Profe	ssion	al Bu	ilding F	reder	lck.	Md.	,
220.	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY C	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote	e)
B	irial	1-3-59		Fairview				Fre	derick, l	laryla	and		
	UNERAL DIRECTOR	S SIGNATURE Hicks 111	Fre	ADDRESS derick, Md				BY REGIST		STRAR'S SI			
CI	IGITES P.	HITCUS TITT	116	derzen ma			DATEEB	4 '59	Ciri	ing S.	Frans		

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# FOR STATE HEALTH DEPT. or files. M TO DEPUTY MEDIGAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the cell of the world "pending" in pending them, 18. Give Pages 1, 2, and 3 to the functal of 4 should be followed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 620 Reg.

00596

	Keg. Dist. 110.
1, PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Tracisies MARYLAND	manyland treduck
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)	c. CITY OR TOWN (IMoutside corporate limits, write RURAL and give nearest town)
hourman) Zyears	* thousand
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Appolds Church ROAD YES NOOD
3. NAME OF DECEASED (Type or print) William Oliver	Diehl DEATH Jameson 1 1939
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH AGE III years IF UNDER 14 HRS.
M WIDOWED DIVORCED S	une 27: 1890 68 yrs. Month's Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	maryland U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
William O DiehL Sr	ELizabeth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
[Yes, na, or unknown] (It yes, give war or dates at service) 220-10-3502 Wir	S W. O Dight Thormony Md
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	I wight aheat
823X DUE TO	There are
Conditions if you which	
gove rise to immediate couse	
(a), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO P
200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Port I or Part II of item 18.)
3 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 120f. (City or tawn) (County) (State)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE Hour o. m. While of work of work of work 2	pry, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	
opinian death resulted from: Natural causes . Accident	
SIGNATURE BOThomas	_M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S B. a. Thomas	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
220. BURIAL CREMATION, REMOVAL (Specify)  BUY 10 1- 1/5/59  ROSZ H///	CREMATORY 22d. LOCATION (City, An, or county) (Stole)  CEMPETERY HAGEESTOWN WIND
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24b. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Charles mxouger / Hagerstown ).	nd DATELAN 5 '59 Corthur S. Krous

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No With director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTYfiled b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 24 NAME OF First Middle 4. DATE Lost Month DECEASED (Type or print) DEATH RNELI S SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months DIVORCED T WIDOWED I 2 yes papers. compl 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war of dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO ony Canditions, if any, which permil (b) signed gave rise to immediate DUE TO catse (a), stating the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Day. 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour o. m. While Nat while 19 at wark at work D. m that I attended the deceased from that I last saw the deceased detached death occurred at M, fram the causes and on the date stated above ADDRESS (Street, bity or town/ state) ACTUAL prior DIR PHYSICIAN'S

shauld FUNERAL page 10 VS A15 (4) 15M 9/55

he

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR DATE JAN 2 3 '59

22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

arthur & Krays

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

Day

Days

(County)

ON A FARM?

YES NO Z

Year

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## CERTIFICATE OF DEATH

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622 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
ral Emmitsburg, Rural Life Md. Emmitsburg. Rural d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION /d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D.#1 R.D.#1 YES NO TO NAME OF First 4. DATE Middle Last Month Year Day DECEASED Robert David DEATH (Type or print) Evler 13, 19 59 January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Male White DIVORCED T WIDOWED T Dec. yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Harmer

Trederick Co. Mc 12. CITIZEN OF WHAT COUNTRY? Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Evler Catherine Rosensteel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. no, or unknow 218-24-1818 Emmitsburg, R.D.1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 420.1 DUE TO Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO DEE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Q. ft. While Not while of work of work p. m. 21. I certify that I attended the deceased from. , 1959, that I last saw the deceased and that death occurred at 9.195 AM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town; state) ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) an. 16 .1959 View Cemeterv Mt. Emmitsburg.Frederick Co.Md. Puniol 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24h. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR JAN 1 6 '59 arthur S. Fireus

Emmitsburg. Md.

VS A15 (4) 15M 9/55

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of housest					

**CERTIFICATE OF DEATH** 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

139

1. PLACE OF DEATH a. COUNTY	Frederick		MARYLA	UND	a. STATE	ence (wh		d lived. If institut b. COUNTY		ce before d	odmission)	
	(If outside corporate limit		LENGTH OF STAY IN	1 1b								
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, given the color of the color o	ve street ad	dress)		d. STREET A		001		7.7.0		S RESIDENCON A FARM	43
3. NAME OF DECEASED (Type or print)	Fin	t	Middle		Last		4. DATE OF DEATH	Mo Jan		Day 8	Year 5	9
5. SEX	Franc		NEVER MARRIED	Ter I	Flyns B. DATE OF BIRTH		DEATH	9. AGE (In years			19 D	
Male	White	WIDOWED		-	May 27,	-		74 yrs	Months		lours Mi	
10a. USUAL OCCUPAT	TION (Give kind of work dorking life, even if retired)	one 10b. KI	ND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF	VHAT COU	NTRY
Coal Min			Wining		Wes	MAIDEN N		A	J	J.S.A.		
Mich	ael X. Flynn				An	nie C	arney					
	VER IN U. S. ARMED FOR	ES? 16. SC	CIAL SECURITY NO.	17. IN	FORMANT	1120 0	ar moj	Add	dress		-	
No.	(If yes, give wor or dates of se		6-03-2590	Pa	atient a	nd Ho	spital	l Chart				
Conditions, if gave rise to couse (o), stoting lying cause lost	g the under-	2. 3. Pi	Cardio respondence	tube	erculosi	3.		E CONDITION GI	VEN IN PAR	T 1(o) 19.	WAS AUTOI	PSY
PART II. O  PART III. O  PART III. O  OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING	20b. DESCRI	BE HOW INJURY OCC	CURRED	). (Enter nature of	injury in P	Port I or Port	t II of item 18.)	3.0		S NO	
	G CAUSE OF DEATH											
ZOc. TIME OF INJU Hour G. J. p. m	. 10	While	URY OCCURRED 20 Not while at work	0e. PLA faci	CE OF INJURY () tory, street, office	lome, farm, bldg., etc.	20f. (City	or town)	(0	County)	(St	tote)
21. I certify alive an JE	that I attended the an. 8.		fram Nov.	leath		9:45	PM, fran	reet, city or town,	and an t			bav
PHYSICIAN'S NAME (Type)	T. F. Vest	al, M	.D., Superi	inte	endent,	/icto	r Cull	en State	Hosp	ital		
22a. BURIAL, CREMATI REMOVAL (Specific Burial	1/12/50	F	St. Peter		CREMATORY			rion (City, town,	or county)	)	(State)	
23. FUNERAL DIRECTO		200%	ADDRESS There	ens only	mf.	240. REC'C	BY REGIST	RAR 24b. REG	ISTRAR'S SIC	SNATURE	24.0	

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VS. A15ME(5) 5M 9/55 00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 tems 9 Film 6238 1-28-59 et

0060() Reg. Dist. No.

1.	o. COUNTY Fred	erick		8/ MARYLA	ND	2. USUAL RESIDENCE (V		. If institut			mission)
	b. CITY OR TOWN (II o	utside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (II	f outside corporate li	mits, write	RURAL and	give nearest	town)
I	rederick-R	ural RD#2		2 Weeks		Wayne	sboro		83x	.37	
	d. NAME OF HOSPITA	L OR INSTITUTION (	If not in h	ospital, give street address)		d. STREET ADDRESS					RESIDENCE N A FARM?
1	Wear Freder	ick				415 C	rompton Re	oad			ON O
100	NAME OF DECEASED	Fire		Middle		Last	4. DATE OF	Month		Day	Year
_	(Type or print)	LESI	_	FRED		FOLTZ	DEATH		nuary	21,	19 59
5.	SEX		7. MARI	RIED NEVER MARRIED	3 8.	DATE OF BIRTH	9. AGE	(In years thyday)	Months D	YEAR IF UN	DER 24 HRS.
	Male	White	WIDOW			20 Aug 1997	1075 00/20	yrs.	Might b	dys Hours	Will.
100	usual occupation during most of working Operator	life, even if retired)  Of Log Mi	10b.	KIND OF BUSINESS OR INI	DUSTR	Y 11. BIRTHPLACE (Stole Virginia				en of wha SA	T COUNTRY
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		,		
	J. W. Fo.	Ltz				Zella Alsi	hire				
15	. WAS DECEASED EVER	R IN U. S. ARMED FO	RCES? 1	6. SOCIAL SECURITY NO. 1	7. IN	FORMANT		Address			
	Unk	ryes, give war or baies or	INTYICE	Unk	Mrs	L. F. Fol	tz, Waynes	boro	, Virg	inia	
	PART 1. DEATH	I (Enter only one could WAS CAUSED BY: MMEDIATE CAUSE (a)		o for (a), (b), and (c). ] ute Coronary	Thr	ombosis				Insta	DEATH
	Conditions, if any	ote couse	Ar	terioscleroti	e F	leart Diseas	E			3 Yr	s-Plus
	(a), stating the ur	derlying DUE TO	01	d Healed Myoc	arc	lial Infarct				Year	's ?
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NO	OT RELATED TO THE TERM	INAL DISEASE COND	TION GIV	EN IN PART	1(o) 19. WAS	S AUTOPSY PORMED?
CERTIFI	PRIMARY OF CONT CAUSE OF DEATH.	RE WAS	b. DESCRI	BE HOW INJURY OCCURRE	D. (En	ter noture of injury in Por	t I ar Port II of item	(8.)	5415		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	Wh		PLAC	E OF INJURY (Home, farm y, street, affice bldg., etc.	20f. (City or town	)	(Coun	ly)	(Slote)
	21. I certify the	at I took charge	of the	remains described	vode	e, held an Autops	y 🔼, Inspecti	on K,	Inquiry	X, and	find that
	death resulted f	rom: Natural	causes .	XX. Accident,	Suic	ide 🔲, Homicide	Undeter	mined c	ause 🔲.		
	ACTUAL SIGNATURE	3 Dho	-2-2	ras	6	M.D. CHIEF MEDICAL EX				DATE	SIGNED
	EXAMINER'S B	. O. Thoma	s, M	. D.		DEPUTY MEDICAL			2	l Jan	1959
	BURIAL, CREMATION REMOVAL (Specify) Remeval	1-21-59	F	22c. NAME OF CEMETERY	OR C	REMATORY	22d. LOCATION (CI	-			ote)
23.	FUNERAL DIRECTOR'S M. R. Etc		n, F	ADDRESS rederick, Mar	yla	240. REC		24b. REGIS	TRAR'S SIGN	NATURE	

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights . Maryland e. IS RESIDENCE ON A FARM? Deer Spring Road YES NO F Month OF DEATH 30 1059 Jan 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Days Months Hours YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A. Emmarenca Bogelman Address Deer Spring Rd. Braddock 10 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 19.59, that I last saw the deceased and that death accurred at 8.20M, from the causes and an the date stated above. ADDRESS (Street city of lawn. DATE SIGNED PHYSICIAN'S Joseph Lerner M.D. jamsville Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Blue Ridge Cemetery Thurmont. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Frederick, Maryland

DATEFR

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Frederick b. COUNTY MARYLAND Frederick Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town)
RURAL—— Inurmont Rural -- Thurmont urs. d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 🕅 NAME OF 4. DATE First Middle Lost Month Year Day Robert Bruce Gills January 9 195 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED CONEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. male white WIDOWED | DIVORCED T Feb. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cutting rm. foreman Shoe Factory Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John B. Gills Alice M. Dangerfield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes 214-09-57 Josephine Gills Thurmont, Md. 18. CAUSE OF DEATH [Enter only one cause per list for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO E 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. While Nat while ot wark ot wark total 21. I certify that I attended the deceased from XIV 19.5.9. that I last sow the deceased olive on and that death occurred at 4 M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) James Gray 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (State) B REMOVAL (Specify) Creagerstown Cem. Creagerstown, Maryland 23 BUNERAL DIRECTOR'S SIGNA **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur S. Traus DATE JAN 1 4 '59 Thurmont

VS A15 (4) 15M 9/55

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3. NAME OF DECEASED	Fir	st	Middl	e	Lost	4	. DATE	Mor	nth	Do	y	Yeor
(Type or print)	Dani		L.	. (	Hadhill		DEATH	1		16		195 9
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED [	B. DATE OF BIRTH		9	. AGE (In years			IF UNE	ER 24 HRS.
male	white	WIDOW	ED DIVORC	ED 🔲	12/19/	1872		last birthday)	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLAC	E (Stote or	foreign cou	intry)	12. CI	TIZEN O	F WHA	TCOUNTRY
stone mas	ing life, even if retired	'   0	construct	ion	Ma	ryla	nd			U.S		
13. FATHER'S NAME					14. MOTHER'S M.							
Daniel	Gladhill				Magd	alen	e Kin	nna				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17. IN	FORMANT			Add	ress			
17st, no. or unknown)	(If yes, give war or dates of s	ervice)	none	Mrs	Ethel	Gla	dhil	l, Midd		nun	Me	1.
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(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED	). (Enter noture of in	njury in Por	rt I or Port 1	1 of item 18.)				
20c. TIME OF INJUR Hour o. m. P. m.	Y Month, Day, Yea	While of wor	NJURY OCCURRED  Not while  of work		CE OF INJURY (Hor tory, street, office bl		20f. (City o	or town)		(County)		(State)
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220. BURIAL, CREMATIO REMOVAL (Specify) DUTIAL	1/19/19	59	Reforme				2d. LOCATIO	ON (City, town,		Md	(Sto	te)
23. FUNERAL DIRECTOR		Mid	ADDRESS idletown,		24	ATEIAN 2	BY REGISTRA	AR 24b. REGI			E	

VS A15 (4) 15M 9/S5

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 593

CERTIFICATE OF DEATH

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Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? RICK MEMORIAL HOSPITA SEDE1 YES NO Z 4. DATE Yeor Day DECEASED OF DEATH (Type or print) 19 3 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months DIVORCED T WIDOWED TA yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) W E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMAN 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Canditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED Day. (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. Ganuary 1954, that I last saw the deceased 21. I certify that I attended the deceased from. \_, and that death occurred at\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Streets city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) CHAPEL CEM 10-1768 FREDK **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUREA

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VS A15 (4) 15M 10/57

	MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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# **CERTIFICATE OF DEATH**

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1. PLACE OF DEATH o. COUNTY Fr	ederick		MARY	LAND 2.	USUAL RESIDENCE (W	here deceased	l lived. If institute b. COUNTY		
b. CITY OR TOWN RURAL and give to Frederick	(If outside corporate limits nearest town) RD#2	i, write	LENGTH OF STAY		c. CITY OR TOWN (IF Freder		rote limits, write F		nearest town)
d. NAME OF HOSP OR INSTITUTION Near Urb	ITAL (If not in hospital, gi ana	ve street od	ldress)	-	d. STREET ADDRESS  Near U	rbana			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JESS]		MATILD	A	Lost HARGETT	4. DATE OF DEATH	Mod	anuary	Doy Year 19, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIE		_	Dec 1880		9. AGE (In years last birthday) 70 yrs.	Manths Day	AR IF UNDER 24 HRS.  S Hours Min.
House	ION (Give kind of work d orking life, even if retired) —WORK		At Home		Maryland		ountry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	- A Talawaya			14	MOTHER'S MAIDEN		m		
	e A. Johnson		OCIAL SECURITY NO	. 17. INFO	Catherin	e Shui		lress .	
(Yes, no, or unknown)	(If yes, give wor or dotes of sec	rvice)	ne	Comment of	rt L. Harg	ett, R	***		Md.
Conditions, if gave rise to cause (a), stating lying cause last	immediate g the under- (c).	CA			no-maloz				6 mos.
CATIO	THER SIGNIFICANT COND			111 /2				VEN IN PART 1(0)	PERFORMED? YES NO 2
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCR	IBE HOW INJURY O	CCURRED. (Er	nter nature of injury in	Part I or Part	II at item IB.)		
ZOc. TIME OF INJU Hour a. m. p. m.	10	7 20d. INJI While at work [	Not while at wark	20e. PLACE ( factory,	OF INJURY (Hame, form street, affice bldg., etc	m, 20f. (City	or town)	(Count	(State)
actual signature Physician's NAME (Type)	Hot I attended the	, 19 V	$\widetilde{\mathcal{Y}}_{,}$ , and that $\widetilde{\mathbb{D}}_{ullet}$	M.D.	7 N. Mark Frederick	Md.	n the causes ( reet, city or town,	and on the distate)	saw the decease date stated abave DATE SIGNE L Jan 1959
Burial Specify	1		Mount Ol			The state of the	ION (City, town, erick, M		(State)
23. FUNERAL DIRECTOR M. R. Etc	r's signature chison & Son	, Fre	ADDRESS derick, M	arylan		D BY REGIST		STRAR'S SIGNAT	

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 600 CERTIFICATE OF DEATH

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e. COUNT		AA A B VI CAND	O STATE	here deceased lived. If institut b. COUNT	ion: Residence before admission)
	Frederick	MARYLAND	Maryl		Frederick
	If outside corporate limits, we	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
RURAL and give no	Frederick	Years	// Frede	miek	
	TAL (If not in hospital, give st		d. STREET ADDRESS	LICA	e. IS RESIDENCE
OR INSTITUTION			0-4		ON A FARM?
Frederi	ck Memorial	Hospital	805 M	otter Ave.	YES NO
NAME OF	First	Middle	Lost	4. DATE Mo	nth Day Year
(Type or print)	ROY	McKINLEY	HARRIS	DEATH Janu	arv 5. 19 59
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		9. AGE (In years	
				lost birthdoy)	Months Doys Hours Min.
Male		DOWED DIVORCED	May 22, 1896		
Oa. USUAL OCCUPATION  during most of work	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR IND	JUSTRY 11. BIRTHPLACE (Stole	e or foreign country)	12. CITIZEN OF WHAT COUNT
Asst. Pos	tmaster	U S Postal Ser	vice Mary	land	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN		0022
	47744				
	illiam Harri		Lucy		
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT	805	Motter Ave.
Yes no. or unknown)	WWI		rs. Nellie A.		derick, Md.
TIO CAUSE OF DEA	THE CO. L.				
	ATH [Enter only one couse partition of the couse partition of the couse of the cous	per line for (o), (b), and (c).	7. 0		ONSET AND DEATH
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lying couse lost.	) (c)				
PART II. OTH	HER SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
	all Port	- Prose Carolin	landa attin	7	YES NO
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	AS UNDERLYING 17 20b.			Port 1 or Port II of item 18.)	I III NO
	AS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCUR		Port I or Port II of item 18.)	IS NO
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in		1.5
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	RY Month, Day, Year 2	DESCRIBE HOW INJURY OCCUR.  Od. INJURY OCCURRED 20e.	RED. (Enter nature of injury in	m, 20f. (City or town)	
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20o. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m., p. m. 21. I certify th	RY Month, Day, Year 2 19	DESCRIBE HOW INJURY OCCURED  Od. INJURY OCCURRED  Vhile  I work  of work  Ceased from  CAAL  J	RED. (Enter nature of injury in PLACE OF INJURY (Home, far foctory, street, office bldg., etc, 1943, ta2	p.M, from the causes	(County) (Sto Z., that I last saw the deced and on the dote stated abo
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20a. ACCIDENT WAO OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on	Month, Day, Year 2 19 Not I attended the decompt of Jan 5,  Ja	DESCRIBE HOW INJURY OCCURED  Od. INJURY OCCURRED  Vhile I work Of work  Deceased from Charle  Taling  Prey  22c. NAME OF CEMETERY	PLACE OF INJURY (Home, for foctory, street, office bldg., etc., 1948, ta_2 th occurred at 8:15)  M.D17 East  Frederick  OR CREMATORY	p. M, from the causes  ADDRESS (Street, city or town)  2nd St.  Maryland  22d. LOCATION (City, town,	(County) (State  Z, that I last saw the decear and on the date stated abo DATE SIGN  1/8/59
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	Myersville		18 yea	rs	× Rur		Myers	ville			
or institution Route #	PITAL (If not in hospitol, g	Run	Road		d. STREET A	**	Spruc	e Run F	Road	01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	OSCAR	sf	Midd T.F.E.	le	HAY <b>Y</b> S		4. DATE OF DEATH	Januar		Doy 16	Yeor 195.9
5. SEX		7. MARR	IED NEVER MAR	RIED 🔲	B. DATE OF, BIRTH			9. AGE (In years		YEAR IF U	NDER 24 HRS.
male	white	WIDOW			Novembe	er l'	7.188	lost birthday) 77 yrs.	Months [	Doys Hou	urs Min.
Ret Farme	TION (Give kind of work orking life, even if retired	)		Gen		CE (Stote			12. CITIZ	ZEN OF WI	HAT COUNTRY?
13. FATHER'S NAME		1011	11 2 00211	004	14. MOTHER'S			- Pill		all all	<u> </u>
Henry	Clay Hay	S			Sus	san	Johns	on			
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR III yes, give war or dates of s	CES? 16.	SOCIAL SECURITY N 3-18-074		rs.Pear			Adde		Md.F	Rt.#2.
PART I. D 33/X  Conditions, if gove rise to couse (a), statin lying cause las	immediate DUE TO	)	Cere	bral	hemorr zed art			osis		ONSET A	vears.
CATIC	OTHER SIGNIFICANT CON		CRIBE HOW INJURY						EN IN PART	PE	AS AUTOPSY REFORMED?
OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20B. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in	ron tor ron	n or nem to.,			
20c. TIME OF INJI Hour o. m p. m	10	or 20d. If While of war	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Fictory, street, office	lome, form bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Dr. Char. Jan. 18,	, 19_ // Les	F . Hess	METERY O	occurred of	#CO:	ADDRESS (SH	the couses of reet, city or town,	tind on the state)  L7-59  or county)	e dote st	toted obove DATE SIGNED
23. FUNERAL DIRECTO	J. Lac	1	- ADDRESS Mversvil	le.	Md.	240. REC	D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retainted by the hospital ar attending physician.

O FUNERAL by CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. A Paris (4) 128 A S Marie (4)

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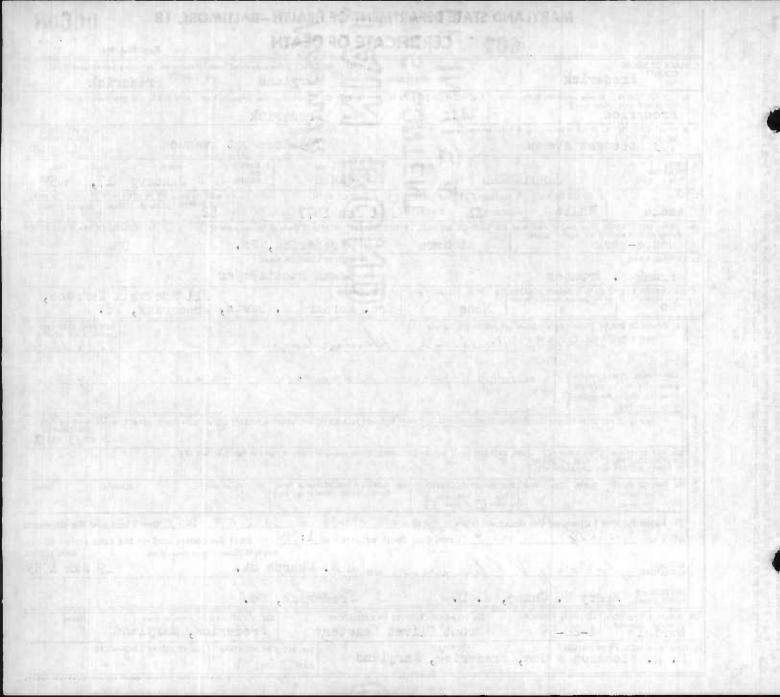
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CERTIFICATE OF DEATH COT

Reg.	Diet	No

	OU	1	AIG OI DEAII		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Fred	lerick	MARYLAND	2. USUAL RESIDENCE (WO. STATE Maryla		f institution: Residence COUNTY Freder	
b. CITY OR TOWN (If RURAL and give neo Frederick	outside corporate limits, write prest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		s, write RURAL and give	e neorest town)
d. NAME OF HOSPITA OR INSTITUTION 703 Rosem	il (If not in hospitol, give street)	et address)	d. STREET ADDRESS 703 Re	osemont Av	enue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CARRIABE	Middle	JAMES	4. DATE OF DEATH	Month January	Day Yeor 17, 1959
5. SEX Female	9897 1 1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  1 Jan 1877	9. AGE last b	AL 4 3	YEAR IF UNDER 24 HRS. oys Hours Min.
House-wor	ng life, even if retired)	At Home	USTRY 11. BIRTHPLACE (Stole Frederic)		12. CITIZI	EN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Frank E.			Susan Sto			
	IN U. S. ARMED FORCES? Tyes, give wor or dates of service)		rs. Bernard M.	Davis, F	ll Ætökwell rederick, b	l Terrace,
Conditions, if on, gove rise to im couse (o), stoting th lying couse lost.	mediote DUE TO	ypitennia (	Cardiovases	when described	Z_2_	10 years
PART II. OTHE  200. ACCIDENT WAS OR CONTRIBUTING [ IF EITHER, NOTIFY WAS		SCRIBE HOW INJURY OCCUR		TAPE OF		PERFORMED? YES NO 1
OR CONTRIBUTING E	CAUSE OF DEATH					
20c. TIME OF INJURY Hour o. m. p. m.	Whil		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	n, 20f. (City or town)	(Cou	unty) (Stote)
actual signature	enry V. Chase,	have	th accurred of 1:300 M.D. L. E. Church Frederick	M, from the condenses (Street, city ch St.	auses and an the	st saw the decease date stated above DATE SIGNE 19 Jan 1959
220 BURIAL CREMATION REMOVAL (Specify) Burial	1, 226. DATE THEREOF 1-20-59	22c. NAME OF CEMETERY Mount Olivet	OR CREMATORY	22d. LOCATION (Cit	y, town, or county) k, Maryland	(Stote)
23. FUNERAL DIRECTOR'S M. R. Etch		rederick, Mary	n marco	D BY REGISTRAR 2	Orthur S. Kr	

VS A15 (4) 15M 10/57



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M =

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 630

00609

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY FRFD FRICK MARYLAND	STATE MD COUNTY FREDERICK
COUNTY   MARYLAND  CITY (Il outside corporete limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR end give nearest town) (tn this place)	OR
NEW MARKET LIFE	V 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
	JAMES JR DEATH JAN 24 1959
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
MALE COLORED USBORINOWED SEPT	7/8-/902 56 yrs. Months Days Hours Min.
dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT SOUNTRY?
13. FATHER'S NAME	L 14. MOTHER'S MAIDEN NAME
LEWIS C. JAMES SR	MARY SEWELL
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS SON
(Yes, no, or unk.) (If Yes, give wer or detes of service) 2/9-07-968	8 WILLIAM JAMES WEW MARKET
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
241 X IMMEDIATE CAUSE (A) ACUTE COVOL	ary occlusion Minutec
ALTEROPE TO CALLERY DIFF TO	otic heart disease 10 yrs
GIVING RISE TO THE ABOVE CAUSE DILE TO	asthua 15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1.3
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO 🔀
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	Cic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour)   21e. INJURY OCCURRED   2	21f. HOW DID INJURY OCCUR?
M. While Not while et work	
22. I hereby certify that I attended the deceased from	, 19.5(-, to) 4 \ 24, 19.59 , that I last saw the deceased
alive on Sept 22 , 19 58 , and that death occurred at.	
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
Mach & Michiel M.D. Sho	oppinglenter, too device, Med 1/26/59
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
	CHAPEL CEN NEW MARKET MD
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JAN 2 9 '59 C Thun 8 the	I.K. Falconer New Marked Med

# CERTIFICATE OF DEATH

and the second s

		614	CERT	IFICAT	E OF DEA	ATH		Reg. Dist.	No.	ium.
a. COUNTY	Frederick		MAR	YLAND 2		Where decease yland	ed lived. If instituti b. COUNTY			,
RURAL and give r	(If outside carporate limits, nearest town)	write	LENGTH OF STATE	YIN 16		N (If autside corp	orote limits, write R	URAL and give	nearest tow	m)
	ITAL (If not in hospital, giv		idress)		d STREET ADDRE	707	anla Av	enue	ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Alice		Middle		Keller	4. DATE OF DEATE	Mon		Doy	Year 19 50
5. SEX Female		MARRIE	D NEVER MARR		ATE OF BIRTH	386	9. AGE (In years lost birthday) 72 yrs.	Manths Do		
100. USUAL OCCUPATI	ON (Give kind of work dorking life, even if retired)	ne 10b. Ki	Home			(State ar foreign		12. CITIZE	OF WHA	T COUNT
3. FATHER'S NAME	Amos Hall	ler			4 MOTHER'S MAII	DEN NAME	Annie	Wrenc		
(Yes, no or unknown)	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv		OCIAL SECURITY NO	0. 17. INFO		R.Nal	Add Ley Bru		.Md.	
Conditions, if a gave rise to cause (a), stating lying cause lost.	the under-	4	ma	La,	creo				1	71
ZOg. ACCIDENT W	AS UNDERLYING 2		INTRIBUTING TO DI					PART 1(c	19. WAS PERFO YES	ORMED?
OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJUING Hour a.m.	MEDICAL EXAMINER)	,	URY OCCURRED Not while	20e. PLACE	OF INJURY (Home , street, affice bldg	, form, 20f. (Cil		(Cour	ity)	(State
21. I certify II alive on	hat I altended the o	deceased		t death or	coursed at 25		9, 16, m the causes of Street, cify or town,			
220. BURIAL CREMATIC	G.F.Smith		22c. NAME OF CEN	AETERY OR C			K, Maryla		(Sta	ite)
Burial (Specify		9	Park	Heigh	ts	Bru	aswick.N			
23. FUNERAL DIRECTO	26 SIGNATURE		ADDRESS			SECID BY SECTE		STRAR'S SIGNA	TURE	

TO HOSPITAL OR, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

funeral director,

M

TO FUNERAL DATA TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 10/57 100

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
10.52				

**CERTIFICATE OF DEATH** 

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				Reg. Dist.	. 140.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla	- h co	institution: Residence	
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town) Braddock Heights	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF of	outside corporate limits, v	write RURAL and give	ve nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give soft institution Vindobona Convalescent	& Rest Home	d. STREET ADDRESS 106 We	st Third St	reet	e. IS RESIDENCE ON A FARM? YES NO KX
3. NAME OF First DECEASED (Type or print) HAZEL	Middle RIDENOUR	tost KEPLER	4. DATE OF DEATH	Month January	Day Year 7 22, m 19 59
20 2 2 200 44	MARRIED NEVER MARRIED DOWNED NO DIVORCED	8. DATE OF BIRTH 5 Aug 1889	9. AGE (In lost birth	years IF UNDER 1 hday) Manths D	YEAR IF UNDER 24 HRS. Pays Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House—work	106. KIND OF BUSINESS OR INDU At Home	STRY 11. BIRTHPLACE (Stote Marylan		12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Joseph A. Ridenour		Ida Wis	e		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown)  [If yes, give wor or dates of service]	1	onvalescent H	ome Records	Address (Same as	s item #1)
18. CAUSE OF DEATH [Enter only one couse   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which ) (b)	Carinoma o	toric			ahut 2 year
gave rise to immediate couse (a), stating the under- lying cause last.	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIC	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item !	18.)	PERFORMED? YES NO XX
Hour a.m.	20d, INJURY OCCURRED  While Not while of work   at work	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc	20f. (City or tawn)	(Co	ounty) (State)
21. I certify that I attended the decolive on farmang 21.  ACTUAL SIGNATURE FARMANE Type)  PHYSICIAN'S NAME (Type)  H. L. Fahrney	1259, and that death		AM, from the cou ADDRESS (Street, city or and Sta	uses and on the town, state)	ist saw the deceased e date stoted obove DATE SIGNED 22 Jan 1959
220. SURIAL CREMATION, BEENOVAL (Specify)  1-24-59	22c. NAME OF CEMETERY O Mount Olivet	R CREMATORY	22d. LOCATION (City. Frederick		(State)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	Frederick, Maryla	and 240. REC		REGISTRAR'S SIGN	NATURE

	ONEST	
		HEREARTHY IN THE IN
e		
		Control Control

e IS RESIDENCE ON A FARM?

YES NO

Reg. Dist. No.

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

PLACE OF DEATH COUNTY

filed MARYLAND Frederick Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS 306 S. Market Street 306 S. Market Street C NAME OF 4. DATE First Middle last DECEASED P Kinna Sugia Tia DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX R DATE OF RIPTH White Female Sentember WIDOWER DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Solh. Matron Was St. School for the Deal Philadelphia puo carbon de ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Harry Fox Gill Mary Gill Bennison mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 201-12-5929 no Mrs. Alice B. Akers 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 4.20.0 **DUE TO** þ Ē ony Conditions, if any, which gove rise to immediate DUE TO be coese (o), sloting the underlying couse lost, burial-transit PARL II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Doy, Year factory, street, office bldg., etc.) Hour g. m. While Not while of work ol work p. m. 21. I certify that I attended the deceased from Man and that death accurred at a ACTUAL shaul PHYSICIAN'S NAME (Type) ustin FUNER, 3 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) Olvier H. Bair Funeral Home Philadelphia Remorka 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR Frederick, Maryland DATER NO T 2 159

Month Day Year 1959 8. Jan. 9. AGE (In years lost withdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY? II.S.A Penn. Address 1304 N. Market St. Fred. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (State) 2. that I last saw the deceased M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED East Church Street 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

VS A15 (4) 5M 9/55

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Reg. Dist. No.

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signed by the attending physician and completely filled in by	HI (	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 y the haspital or attending physician.

TOR: After this certificate has been signed by the attending physician and completely filled in by funeral director.

TO HOSPITAL OR J may be retained TO FUNERAL D VS A15

	PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
	Brunswick c. LENGTH OF STAY IN 1b 20 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Rural Brunswick
00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION New Addition	/ d. STREET ADDRESS  New Addition  •. IS RESIDENCE ON A FARM3 YES □ NO □
	3. NAME OF DECEASED JOSEPH First Middle (Type or print) Johanna Francis	Lamb 4. DATE OF DEATH 1 11 Day Yes 9
	5. SEX /6. COLOR OR RACE /7. MARRIED   NEVER MARRIED   White   WIDOWED   DIVORCED	B. DATE OF BIRTH  March 31-1877  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR  Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Taborer  Handy man	11. BIRTHPLACE (Stole or foreign country)  Maryland  U.S.A.
1)	13. FATHER'S NAME Solomen Lamb	14. MOTHER'S MAIDEN NAME  Louretta Cook
	(Yes, no or unknown) (If yes, give wor or dates of service)	rs.Rosa Lamb, Brunswick, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO D. (Enter nature of injury in Part 1 or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (Statictory, street, office bldg., etc.)
- 1	21. I certify that I attended the deceased fram IINC 2 alive an Dec 21+ 1978, and that death SIGNATURE PHYSICIAN'S C. T. Byron Kao, M.D.	1958 to Dec. 21. , 1958, that I last saw the decea occurred at 1,1958, from the causes and an the date stated about the ADDRESS (Street, city or town, stote)  M.D. 15 Selfaryland Ave. Jan. 12  Brunswick, Md.
U	220. BURIAL, CREMATION, 226. DATE THEREOF ST. Pauls	
.V	23. Funeral director's signature Brunswick, Marylan	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AN 1 5 '59 Cirlury S. Kraus

Pigne. 14141010101010111111111 5 v s home from the comment of the continued The part of the same and the state of t

ST SHOMITIAS HEALTH OF HEALTIMONE, IS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DE FOR: After this certificate has been signed by the ottending physician and completely filled in by forecompletely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 suited be filed with the registror prior to burial, crematian, or remanal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/55

033	CERTIFICAT	E OF DEATH		Reg. Dist. No.
o. COUNTY  Frederick	MARYLAND 2.	USUAL RESIDENCE (Where dece o. STATE Mary land	b. COUNTY	Frederick
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Johnsville	ENGTH OF STAY IN 16	C. CITY OR TOWN (If outside co		RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION	1955)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	Middle SADIE LO	OKINGBILL OF DEA	A =	Day Year 8 19 5 9
Feme 1e White WIDOWED	- A	ate Of BIRTH	9. AGE (In years last birthdoy)  83 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	V.	marylane	n country)	12. CITIZEN OF WHAT COUNTRY
William Palmer		Mary Dia	sly.	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. INFO	You have	lookingle	el John Bills 7
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(0), (b), and (c).]	Lemons	hor	INTERVAL BETWEEN ONSET AND DEATH
33/X DUE TO	1. 0.	1 -	9	
gave rise to immediate cause (a), stating the under- lying couse lost.		7		
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	ASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED. (E	inter nature of injury in Part I or	Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Hour o. m. While of work		OF INJURY (Home, farm, 20f. ( , street, affice bldg., etc.)	City or tawn)	(County) (State)
21. I certify that I attended the deceased f	2	. 19.59, to 1 - 8		that I last saw the deceased
ACTUAL SIGNATURE O, N & e g	,, and that death ac		(Street, city or lown, s	and an the date stated above
PHYSICIAN'S Dr. T. H. Le	19			0
220. BURIAL, CREMATION, REMOVAL (Specify) 11/59	NAME OF CEMETERY OR CE	REMATORY 22d. LO	CATION (City, town, or	county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REC	N IEO 1	RAR'S SIGNATURE

, MARYLAN

D STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 034 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Frederick MARYLAND Howard b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural - Long Corner d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARME, RFD 3. Mt. Airy Moxley St. YES NO P 3. NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH Jan. 59 Molesworth 19 Laura 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS Months Doys Female WIDOWED DIVORCED | March 2.1873 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Howard Co. . Md. Own Home USA 13. FATHER'S NAME Randolph Day Alberta Warfield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None Eli T. Molesworth, Damascus, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased from OC ., 19.5 X., ta face 11, 1959, that I last saw the deceased ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Howard Chapel

Damascus. Md.

22d. LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

DATE JAN 2 0 '59

Corner.

Orthur S. Kraus

24b. REGISTRAR'S SIGNATURE

(State)

10 VS A1S (4)

FUNER e



should

220. BURIAL, CREMATION,

22b. DATE THEREOF

Jan.18.19

Tornor stroll - Cary R ATTHE ETUE, Belones . . ol branch emoi nyl total and another description of the second lean to beneat page, II, mat Latered AND REPORTS SHOULD BE SHOU Company of the second of the s

# FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the compose, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of tar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if bur files. Defined to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if bur files. Defined to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if bur files. Of Health, are designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours, after death. M

TO DE	exec	4 sh	TO FU
V5.			
51	W 2	/5	7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

							neg. Di	31. 110.	
1. PLACE OF DEATH	000		- 11	SUAL RESIDENCE (	Where deceas	ed lived. If institu		nce befor	re odmission)
	derick	MARYE	AND		yland	a. COUNT	Fred	leri	ck
b. CITY OR TOWN (If and give negres) lown)	outside corporate limits, write RURAL	c. LENGTH OF STAY II	N 1b	CITY OR TOWN (	If outside corp	porote limits, write	RURAL ond	give nec	prest town)
Frederic	k	Life Fre	deric	k Co.X	Ljams	ville R	.F.D.		
d. NAME OF HOSPITA	AL OR INSTITUTION (If not is			STREET ADDRESS					e. IS RESIDENCE ON A FARM?
	Memorial H			/					YES NO X
3. NAME OF DECEASED (Type or print)	Mary	Elizabeth		gle	4. DATE OF DEATH	Janur		SI	19 -58
5. SEX	6. COLOR OR RACE 7. M.	ARRIED TO NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years last birthday)	IF UNDER		F UNDER 24 HRS.
Female	White woo	OWED DIVORCED	] No	v. 10,	I892	66 yrs.	Months	Days	Hours Min.
100. USUAL OCCUPATION during most of working HOUSE V		0b. KIND OF BUSINESS OR II		BIRTHPLACE (SHORE  Frederi  OTHER'S MAIDEN	ck Co			J.S.	A.
Tocomb	Hilderbrand		-	Eleanor					
	R IN U. S. ARMED FORCES?	A CONTRACTOR OF THE PARTY OF TH	17. INFORA		Mail	Address			
(Yes, no, or unknown)	(If yes, give wor or dates of service)	I. JOCIAC SECORITI NO.		derick	Memor				
	TH [Enter only one cause per		TIE	delick.	Memor	Tal 160	ULUS	-	AL BETWEEN
	liote cause	AcuteAnteri						4	2 hours
PART II, OTH	ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	VEN IN PART		PERFORMED?
5								YE	S X NO
PART II, OTH  200. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	TRIBUTING	CRIBE HOW INJURY OCCUR	RtD. (tnier n	Sture of injury in Po	ort ( or Port II	of item 18.)			
20c. TIME OF INJUR		20d. INJURY OCCURRED 20d While Not while of work 1	e. PLACE OF factory, str	INJURY (Home, formet, office bldg., etc.	m, 20f. (City	or town)	(Cou	nty)	(State)
21. I certify th	ot I took charge of t	he remains described	above, t	eld an Autop	sy X, Ir	spection [3]	Inquir	y [29,	and in my
opinion deoth	resulted from: Notur	al couses 🖪, Accid	ent,	CHIEF MEDICAL F		, Undete	ermined n		DATE SIGNED
SIGNATURE	and the state of t		m.D	ASSISTANT MEDIC	CAL EXAMINE	R 🗍			
EXAMINER'S NAME (Type)	B.O. Thomas	.M.D.		DEPUTY MEDICAL	EXAMINER [	t Jan	urary	7 2I	,1959
220. BURIAL, CREMATIO REMOVALE (Spreify)	N. 22b. DATE THEREOF	72c. NAME OF CEMETER ROCKY Spr				HON (City, town, derick Co	or county)		(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	Frederick, M	larylar	id .	2 6 '59		STRAR'S SIG		

L. Ille ytermandle J. O. Pannon. O. II handy and to receive the court of the court bunkyant , Martinett L

1			55	CEKTIFIC				Reg. Dist.	. No.	
	PLACE OF DEATH	rederick		MARYLAND	o. STATE	CE (Where deceo	sed lived. If institution b. COUNTY		before admiss	sion)
	b. CITY OR TOWN (II RURAL ond give no Cullen.	f outside corporate limi earest town) Md	ts, write c. L	ENGTH OF STAY IN 16	c. CITY OR TOW		porate limits, write R	URAL and giv	ve nearest town	n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g		osp.	d. STREET ADDR		/			SIDENCE FARM?
	NAME OF DECEASED (Type or print)	Emerson		Marren	NIPER Lost	4. DATE OF DEAT	January	# 4	/	Yeor 19 59
5. :	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 5,	1906	9. AGE (In years last bethday) 52 20 yrs.		YEAR IF UNDE	
10o	o. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	)	OF BUSINESS OR IND		(State or foreign			S. A	
13.	FATHER'S NAME Louis	Niper			14. MOTHER'S MA	- V				
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	AL SECURITY NO. 17.	Patient	(Hospit	Addr al Chari			4
	The state of the s	the under DUE TO	Urem:	ia with Cotensive Cotensiv	ardio-Vas	cular I	Disease		INTERVAL BE	TWEEN DEATH TOUT
CATION	Far Ad		DITIONS CONT	RIBUTING TO DEATH BU	JT NOT RELATED TO THE		SE CONDITION GIVE	EN IN PART 1	PERFO	RMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY			HOW INJURY OCCURR		ury in Port 1 or Po	art II of item 1B.)		YES	NOE
MEDICAL CERTIFI	20c. TIME OF INJURY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR  OCCURRED 20e. F		e, farm, 20f. (Ci	ort II of item 18.)	(Co	VES	(Stat
MEDICAL CERTIF	20c. TIME OF INJURY Hour a. jr. p. m.	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yeo	20b. DESCRIBE or 20d. INJURY While of work  deceased fr	r OCCURRED 20e. F. Nat while at work 7 and that deat	PLACE OF INJURY (Homoclory, street, office bld	e, form, 20f. (Ci	ity or town)  1959  am the causes a (Street, city or town, s	_,that I la	unty) ist saw the a date state	(Stat

may be retained the haspital or attending physician.

TO FUNERAL DIFFERS. After this certificate has been signed by the attending physician and campletely filled in by inneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

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TO HOSPITAL OR TO FUNERAL DI

VS A15 (4) 1SM 10/S7

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	636	CERTIFIC	CATE OF DE	ATH	Reg. Dist	l. No.
1. PLACE OF DEATH o. COUNTY Freder	ie K	MARYLAND		CE (Where deceased lived	d. If institution: Residence b. COUNTY Was	e befare admission)
b. CITY OR TOWN (If outside corr RURAL and give nearest town)	porole fimils, write c.	381 days	c. CITY OR TOW Knox	N (If outside corporate li	imits, write RURAL and gi	. 7 . 7
d. NAME OF HOSPITAL (If not in Victor Culle	hospitol, give street odd WState	Hospital	d. STREET ADDR	ESS #/		e. IS RESIDENCE ON A FARM? YES NO PA
3. NAME OF DECEASED (Type or print)	ert	Middle	nouse	4. DATE OF DEATH	Januar	9 27 1959
s. sexmale 6. color	WIDOWED [		1/6/18	98	DU yrs.	
10a. USUAL OCCUPATION (Give kind during most of working life; ever HOUSE - NU IM	of work done 10b. KIN	ID OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE	(State or foreign country	) 12 CITI2	I S A .
13. FATHER'S NAME L,	noose	0	14. MOTHER'S MAI	1/1.	nig Bag	ent
710	or dates of service) 219	-12-1743	Records	of Victor	Culley H	lospital
18. CAUSE OF DEATH [Enter of PART 1. DEATH WAS CAU	JSED BY:	or (o), (b), and (c).]	iratory to	a lure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which )	DUE TO Pul	monary	+uberca	loris		
gave rise to immediate couse (a), stating the under-lying cause lost.	DUE TO	abeles	mellitus			
PART II. OTHER SIGNIFIC  20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	ANT CONDITIONS CON	TRIBUTING TO DEATH 8	UT NOT RELATED TO THE	TERMINAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	NG 206. DESCRIB F DEATH AMINER)	E HOW INJURY OCCUR	RED. (Enter nature of inju	ry in Port I ar Part II of	item 18.)	
20c. TIME OF INJURY Month, Hour a. m. p. m.	Day, Year 20d. INJUI While at work	Not while	PLACE OF INJURY (Home foctory, street, office bld	form, 20f. (City or to	wn) (Co	ounty) (Stole)
21. I certify that I attend	ded the deceased	7		4126		st saw the decease
ACTUAL SIGNATURE	Fleshor	, and that dea	_M.DCullen	ADDRESS (Street, o		DATE SIGNE
PHYSICIAN'S NAME (Type) T. F	. Vestal					
-PEMOVAL (Specify)		c. NAME OF CEMETERY benezer Ce			City, fown, or county) 1 County, V	(Stote) irginia
23. FUNERAL DIRECTOR'S SIGNATURE	Avager	ADDRESS	1 61	REC'D BY REGISTRAR E JAN 2 8 '59	24b. REGISTRAR'S SIGN	NATURE

The state of the s	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

00619

637 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick b. COUNTY MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Rural Thurmont Lifetime Thurment Rural--d. NAME OF HOSPITAL (If nol in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10 YES NO NAME OF First Middle DECEASED Minnie Florence Nunemaker January (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. white Oct WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Own Home U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Shuff Matilda Mumferd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address John Nunemaker None Thurmont, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN QNISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Condilians, if any, which (b) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO THE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur a. m. While Not while of work of wank 21. I certify that I attended the deceased fram. 1, that I last saw the deceased alive on and that death occurred at. M, from the causes and on the date stated above. ADDRESS (Streel, city as town, state) DATE SIGNED ACTUAL NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Lewistown Cemetery Lewistown. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur a Trairs Thurmont, Md. DATE JAN 2 8 '59

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\*MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	60	4	CERTII	FICAT	E OF DEATH			Reg. Dist		1000 8
PLACE OF DEATH	erick		MARYL		USUAL RESIDENCE (Whe	-10002	b. COUNTY	residence		odmission)
	outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If ou					t town)
Freder	fok		1 day	- /	/ Freder	ick				
d. NAME OF HOSPITA	AL (If not in haspital, g	jive street	address)	1	d. STREET ADDRESS					ON A FARM?
	ck Memoria						ket Stree		Y	ES NO X
3. NAME OF DECEASED (Type or print)	leveland		W. Middle		Reply	4. DATE OF DEATH	January		Doy 15	19 59
5. SEX	6. COLOR OR RACE	7. MARR	HED WEVER MARRIE		ATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS.
Male	White	WIDOWI		- 100	ine 8, 1883		75 yrs.			
Oa. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stole o	or foreign c	ountry)			WHAT COUNTRY
Retired Fa	rmer	Ow	n Farm		Maryland			U	.S.A	•
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN NA					
	S. Repp				Lavenia	Dieh	1			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	ess		
no		21	5-34-3795	Mrs	. Mabel Rep	p, Fr	ederick,	Maryl	and	
			ne for (o), (b), and (c).]						INTERV	AL BETWEEN AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	no wor	ard.	il Ing	lun	tuin		4	Charms
1420.0	DUE TO						32000			
Conditions, if or	ny, which }	)	Com	nous	Men	no la	120		4	& home
gove rise to in coese (o), stating t lying cause lost.			arten	vsi	les ati	Hes	ent Dise	ine	eer	Amm
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	,	WAS AUTOPSY PERFORMED?
O THE ETHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (6	inter nature of injury in Po	ort I or Par	t II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. II While of wor	_ Not while_		OF INJURY (Home, farm, , street, office bldg., etc.)		or town)	(Co	ounty)	(Stole)
21. I certify th	ot I ottended the	deceas	ed from//-	2	, 1956, to 1	-1	5 , 1953	thot I lo	ast saw	the deceose
alive an	-15	. 12	5 and that	death ac	curred at 550					
	01		0				treet, city or town,		0 44.0	DATE SIGNE
ACTUAL	Thomas	2	Show	M.D	46	21	M St		1-	-16-57
PHYSICIAN'S NAME (Type)	Thor	493	E.	57	DNE					
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEME				TION (City, town, o			(State)
Rurial 23. FUNERAL DIRECTOR	January	18,19	ADDRESS	eburg	Cemetery 24g, REC'D		ddleburg	Mary		
merwign	1 C Fuse				DATE A					
C.O.Fuss	& Son. Ta	nevto	wn. Marvlan	nd	DAIE JA	IN 19	59 0	Thun 8	91	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg

00624

Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Frederick G. STATE Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Frederick 15 Minutes Adamstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital YES A NO NAME OF First Middle 4. DATE Last Manth Day Year DECEASED CAM FOREST SCOTT (Type or print) DEATH January 22 19 59 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. ost bighday) Months Male White 1 May 1891 WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of wark dane during most af working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Laborer Farm West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Scott Nancy Blake 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. ocunknown) Alfred Scott, Adamstown, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RUPTURED LIVER WITH HEMORRHAGE 15 Minutes IMMEDIATE CAUSE (a) 6 X **DUE TO** CRUSHED CHEST Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY A gr CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) Head-on Automobile Accident Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg., etc.) While Nat while at work at work 1-22, 159 Rt.355-Nr Urbana-Fred'k, Md. State Highway 21. I certify that I taak charge of the remains described above, held an Autapsy XI. Inspection K, Inquiry X, and find that death resulted fram: Natural causes . Accident X, Suicide . Hamicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B. O. Thomas, M. D. Jan 1959 NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATULE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VILLAND Service Service Plant 4 Call Control of Services and Services and June 1997 ADDRESS AND LIGHT AND THE PROPERTY OF THE JERBARNE SURFEE OF GUL GUL CONTROL and the meant of a period of the control of the last 

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00625

CERTIFICATE OF BEATH

605	CERTIFICA	AIE OF DEATH		Reg. Dist. No	o.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland	b. COUNT		
b. CITY OR TOWN (If outside carporote limits, write RURAL ond give nearest town)  Frederick	c. LENGTH OF STAY IN 16		tside corporate limits, write		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Frederick Memorial Hosp:		d. STREET ADDRESS		- X	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Solf	4. DATE OF DEATH		Pay Year / 2 19 5 9
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE		B. DATE OF BIRTH	9. AGE (In year last birthdoy)		R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUS	Maryland	r foreign country)		OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	U.S.	
William Snyder		Florence	Walter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT		ldress	
No		Mr Brice Salby	Boyds Ma	ryland	
1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	gestive fearil	failure,	aute	IN	TERVAL BETWEEN USET AND DEATH HE house
Conditions, if any, which gove rise to immediate case (a), stating the underlying cause last.  DUE TO  DUE TO  (b)  DUE TO	terioreles	to Heart	disease		5 years 7
PART II. OTHER SIGNIFICANT CONDITIONS C    Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT CONDITIONS C   Discharge   Part II. OTHER SIGNIFICANT C	CONTRIBUTING TO DEATH BUT  CALL  CRIBE HOW INJURY OCCURRE	boal infan	tion	IVEN IN PART 1(a)	19. WAS AUTOPSY PERPORMED? YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. In	NJURY OCCURRED 20s. PL	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar town)	(County	(Stote)
Hour a.m. 19 While at world		ciary, sireer, arrice brage, etc.)			
21. I certify that I attended the decease alive on 12, 195  ACTUAL SIGNATURE 1, 195			M, fram the causes DDRESS (Street, city or town	and on the de	saw the decease ate stated above DATE SIGNE
PHYSICIAN'S NAME (Type) A. A. Perre			, /		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 1/15/59	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town,		(State)
23. FUNERAL DIRECTOR'S SIGNATURE/ Constance C. Selton -	Barne will	e md 240. REC'D DATE JAN	Frederick M BY REGISTRAR 245. REG	STRAR'S SIGNATU	

VS A1S (4) 15M 9/SS

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VS A15 (4) 15M 10/57 I

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00626

607	CERTIFICATE	OF	DEATH

Reg. Dist. No

								Keg. Dist. 1	
1. PLACE OF DEATH o. COUNTY Fre	derick		MARYL		CTATE	E (Where deceas	ed lived. If institut b. COUNTY		
b. CITY OR TOWN (I RURAL ond give no Frederic		, write	c. LENGTH OF STAY II	N 16		l (If outside corp	porote limits, write	RURAL ond give	nearest town)
OR INSTITUTION	Patrick St		oddress)	1	d. STREET ADDRE		trick St	reet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs IDA		Middle FLORENC	E	SHULTZ	4. DATE OF DEATI	мо 4 Ј.	anuary 3	Day Year 19 59
5. SEX Female		7. MARR	NEVER MARRIED DIVORCED		Oct 1879	9	9. AGE (In years lost birthday) 79 yrs	Months Day	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION during most of work House	king life, even if retired)	one 10b.	KIND OF BUSINESS OR At Home	INDUSTRY		Stote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME Osbor	n C. Crist			14	Ida J.	Horner			
15. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FORCE lift yes, give war or dates of se		social security no.	17. INFO	Les H. Si	hultz (	Same as	item #1)	
Conditions, if o gove rise to i couse (o), stoting lying couse lost,	the under- CC (c)	) C	CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(o	PERFORMED?
U (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OC	CURRED. (Er	iter nature of inju	ry in Port I or Pe	rt II of item 18.)		YES NO X
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	20d. If While of work	_ Not while _	Oe. PLACE ( foctory,	OF INJURY (Home, street, office bldg	form, 20f. (Ci	ly or town)	(Coun	(Stote)
alive an	Session of the second of the s	19.		M.D.	228 N N	ADDRESS ( Market S	m the causes of Street, city or town,	and an the a	saw the deceased above DATE SIGNED 2 Feb 1959
22g. SURIAL, CREMATIO	2-3-59		22c. NAME OF CEMEN Mount Oli				ATION (City, town,		(Stote)
23. FUNERAL DIRECTOR	s signature hison & Son	, Fr	ederick, Ma		240.	REC'D BY REGIS	STRAR 24b. REG	ISTRAR'S SIGNAT	

		<b>1.</b>	
(			
	Property of the second		
			ENGLAND HAR
	2) 802		

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 641

CERTIFICATE OF DEATH

Reg. Dist. No

e. IS RESIDENCE

ON A FARM?

YES NO

Year

1959

with			
be filed	(	精	1
pino	1	_	/

Page

after death.

hours

popers. pup

remove carbon within 72 houge offer.

a

as the burial-transit

detached for use

physician

that the death certificate

1. PLACE OF DEATH o. COUNTY FREDERTCK

b. COUNTY

Month

Address

write RURAL and give nearest town)

Day

16

			MAKTLAND	"ILLAST	1350	
	b. CITY OR TOWN (IF	outside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write
		L (If not in hospital, give street VINDOBONA NURS)		d. STREET ADDRES		
3.	NAME OF DECEASED (Type or print)	BESSIE	Middle	SKLAR	4. DATE OF DEATH	JANUARY

5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years	IF UNDER	R 1 YEAR	IF UNDE	R 24 HF
Fomale	White	WIDOWED [	DIVORCED	Jan. 15	, 1894	lost birthdoy) (64) yrs.	Months	Days	Hours	Min.
On. USUAL OCCUPATIO	N (Give kind of work	done 10b. KIND C	OF BUSINESS OR INDU	JSTRY 11. BIRTHPL	ACE (State or fore	ign country)	12. CI	TIZEN O	F WHAT	COUN

17. INFORMANT

10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
during most of working life, even if retired)	Home-making	Russia	IT C A

13. FATHER'S NAME

Solomon Liss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no. or unknown] [ (If yes, give wor or dates of service)

Sarah Butler

14. MOTHER'S MAIDEN NAME

NU	Non	Ethel Sklar,	Kansas City Mo.	
18. CAUSE OF DEATH [Enter only one c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	e , ·	(0.) ma of brain		INTERVAL BETWEEN ONSEJ AND DEATH
193.0 DUE TO				
gove rise to immediate	)			
couse (o), stoting the under-				
	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN P	ART I(o) 19. WAS AUTOPSY
i i				PERFORMED?

20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(IF EITHER, NOTIFY M	EDICAL E	XAMIN	ER)				
20c. TIME OF INJURY	Month,	Day,	Yeor	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form,	20f. (City or town)	

of work of work p. m.

(County) (Stote)

YES NO

21. I certify that I attended the deceased from 1957, ta 1/4, 1957, that I last s	aw the decease
alive on	ate stated abay
ADDRESS (Street city or town state)	DATE SIGNI
SIGNATURE J. S Cher Ceen M.D.	1/12/10

SIGNATURE

PHYSICIAN'S NAME (Type)

L. R. Schoolman.

228, N. Market St. Frederick. Md.

720. B	URIAL, CREMATION,	22b.	DATE	TH
R	EMBURITATO	Ja	n.	1

22c. NAME OF CEMETERY OR CREMATORY HAR JEHUDA Cemetery 22d. LOCATION (City, town, or county) PHILADELPHIA.

Pennsylvania.

23. FUNERAL DIRECTOR'S SIGNATURE

& SON FREDERICK, Md.

240. REC'D BY REGISTRAR DATE JAN 2 0 '59

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

TO FUNERAL poge 3 shauld b

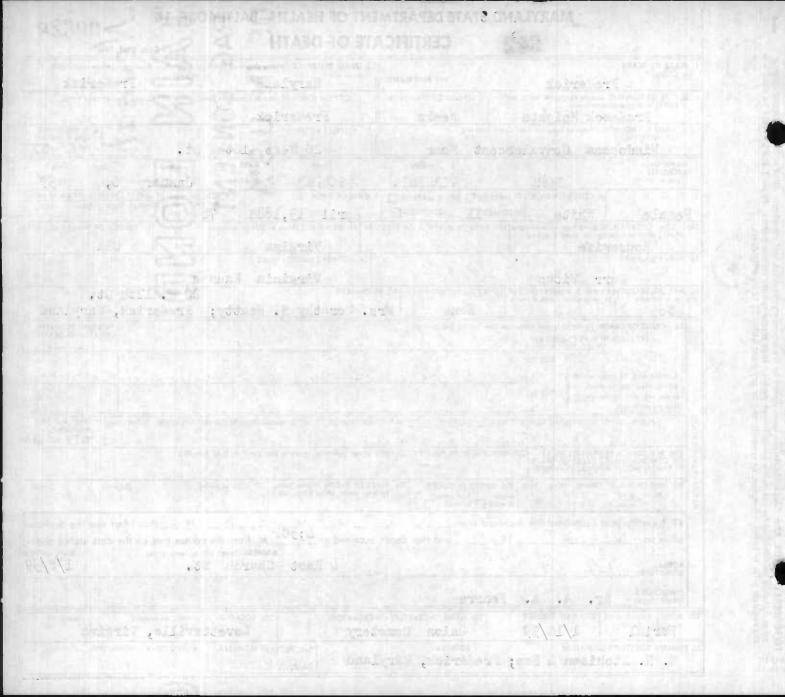
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

82900

	642	CERTIFICA	ATE OF DEATH	35	Reg. D	ist. No.	141
1. PLACE OF DEATH	•		2. USUAL RESIDENCE (Wh	ere deceased lived			sion)
a. COUNTY Freder	rick	MARYLAND	a. STATE Maryla		b. COUNTY	rederic	
b. CITY OR TOWN (If outside of RURAL and give nearest lawn	arporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate li	mits, write RURAL and	give nearest tow	n)
Braddock I		Weeks	// Frederi	lek			
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give street	oddress)	d. STREET ADDRESS				SIDENCE A FARM?
	Convalesce	ent Home	20 Wes	t 12th	St.		NO
3. NAME OF	First	Middle	Lost	4. DATE	Month	Day	Year
DECEASED (Type or print)	DORA	VIRGINIA	SOUDER	OF DEATH	January	6.	1959
5. SEX 6. COLO	OR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UNDE	R I YEAR IF UND	
Female Whi	te WIDOW	ED TY DIVORCED	April 13.1		t birthday) Manths.	Days Hours	Min.
0a USUAL OCCUPATION (Give le	kind of wark dane 10b.	KIND OF BUSINESS OR INDU				ITIZEN OF WHA	COUNTRY?
during mast of working life, e Housewife	ven it retired)		Virgin	a.		USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN N				
Burr T	litus		Virgin	ia Haus	er		
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		20 Wr 12t	h St.	
No [If yes, give t	war or dates of service)	None M	rs. Derethy S.	Bestty:			land
1B. CAUSE OF DEATH [Enle	er anly one cause per li				11040114	INTERVAL B	ETWEEN
PART 1. DEATH WAS O	CAUSED BY:	1. I. C.	Jhn	nutor		ONSET AND	DEATH
420.0 IMMEDIA	ATE CAUSE (a)	your Ga	rang .	,	7 .	100	- J
Conditions, if any, which		(10700	11.7.6	la each	1.	1/4	111-
gave rise to immediate	e ( DUE TO	Cycling	ower y	ear,	concer	1	
lying cause last.							
	FICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NAI DISEASE CON	IDITION GIVEN IN PA	PT 1/01 10 WAS	AUTOPSY
	7	7/ 1-7	/	NAL DISEASE COL	ADMINISTRATION IN TA	PERFO YES T	DRMED?
20a. ACCIDENT WAS UNDERL	THIS I 20h DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Port Lor Port II of	item IR )	1ES [	NO [XX
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	E OF DEATH	CINDE HOW INSON'S CCORN	. Letter holdre of injury in t	0111011011101	110.11		
		NJURY OCCURRED   20e. PI	LACE OF INJURY (Home, form	206 (City or to	at	16	(54-4-1)
20c. TIME OF INJURY Manth,	While	Not while fo	ctary, street, affice bldg., etc.	.)	wn	(County)	(Stote)
	Jul wor		= -/ 1				
21. I certify that I atte	ended the deceas	ed from CLCA- 2	-5 , 19.5 % to	tan 6	, 19_59, that I	last saw the	deceased
alive an Ale.	26 , 195	and that deatl		_M, fram the	causes and an	the date stat	ed abave
1	14	P	1	ADDRESS (Street, o	city or town, state)	0	ATE SIGNED
ACTUAL SIGNATURE .	M. V.	earre	M.D. 4 East	Church	St.		1/0/29
PHYSICIAN'S NAME (Type) Dr •	A. A. Pe	arre					
720. BURIAL, CREMATION, 226.	DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, tawn, ar county)	(Sto	tel
BUT 1 Specify)	1/10/59		etery		tsville, V		
23. FUNERAL DIRECTOR'S SIGNATI	URE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S S		
M. R. Etchise	m & Son; F	rederick, Mary	rland DATEAN	9 '59	arthur 8.	Kroug	

TO FUNERAL DA VS A15 (4) 15M 10/57



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# . MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

- 643

## **CERTIFICATE OF DEATH**

DUCZO Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	rederick		MARYLAND	2. USUAL RESIDENCE (W	Where deceased	l lived. If institution b. COUNTY		before admission) derick
BURAL and give of	If outside corporate limits, egrest town) Thurmont	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ate limits, write RU		e nearest fown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, giv	e street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	William	н На	Middle milton Spri	lost .nger	4. DATE OF DEATH	Jan	uary	24 19 59
5. SEX male		7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  July 12.	1882	9. AGE (In years last buthday) 76 yrs.		rEAR IF UNDER 24 HRS. ays Hours Min.
100. USUAL OCCUPATION during most of wor Laborer	ON (Give kind af work do king life, even if retired)	ine 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State Mary)	-	iuntry)	-	S.A.
13. FATHER'S NAME Georg	e Springer			14 MOTHER'S MAIDEN	NAME La	ntz		
15. WAS DECEASED EVE	ER IN U. S. ARMED FORC (If yes, give war or dates of serv	ES? 16.	SOCIAL SECURITY NO. 17. 5-14-2297	Minerva S	pring	er T		nt RD 2
Conditions, if a gave rise to it cause (a), stoting lying cause lost.	immediate DUE TO	G	rkino - se	lerosis				7
20a. ACCIDENT W			CRIBE HOW INJURY OCCURR				EN IN PART 1	PERFORMED? YES NO
(IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o. m. p. m.	MEDICAL EXAMINER)	While	NJURY OCCURRED 20e. P	PLACE OF INJURY (Hame, for factory, street, office bldg., e	rm, 20f. (City	ar town)	(Cou	unty) (State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	on: 24  Al Franks  Dr. M. Fr	, 125	(7	2, 1948, to f th occurred at 320, M.D	P.M. from		nd an the	t saw the deceased date stated above DATE SIGNED
220. BURIAL, CREMATIC			22c. NAME OF CEMETERY OF United Bre	or CREMATORY thern Cem.		ION (City, town, o		(State) <b>yland</b>
23. FUNERAL DIRECTOR	E. Creager	qu	Thurmont,		JAN 28		TRAR'S SIGN	1 3

TO FUNERAL VS A15 (4) 15M 9/55

William Hamilton Scringer  Ble with weed only 12, 1882 76  abover farms Sayland U.S.A.  Coorge Springer Famms Sayland U.S.A.  And 215-14-2297A Minorya Springer Thursons ID 2  And Sayland Thursons ID 2  And Sayland Thursons ID 2  And Sayland Thursons ID 3  And Sayl				LT HAMLE	
Militar Hamilton Cringer  Militar Hamilton Cringer  Ally 12, 1882 70  Aller Wills And Stringer  January 24 m 57  Aller William Hamilton Cringer  Aller William Sanita  January 24 m 57  Aller William January 24 m 57  Aller William January 24 m 57  Aller William January 25 m 58  Aller William January 26 m 58  Aller William January 27  Aller William January		HTASE TO S	CERTIFICAT		
Lute I Thire ont Poyre, Industry 14 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	delsaberal			Prederick	all to the le
Militan Hamilton Crimger  Land wolfe word from Sanjand U.S.A.  Aborer Fanne Sanjand U.S.A.  Land Sanjand U.S.A.  L	Ze283	ino mudi			
William Hamil on Oringer  also with the control of Oringer  aborer transporter  aborer transporter  being a prince of the control of the cont	Z CO				
Language of the state of the st	Tannary & m 50			malifil	
Canage Springer  235-14-2297A Minerwa Springer Thursent ID 2  15		July 12, 1892		est train	- Alge
in the control of the	.A.8.U	brail yraid	Farms		aredw]
The state of the s		les I elona?		rescings es	nonD-
A testing of a regarded masses of the second at the second	I de Jaour ed T	ingelige avient	115-74-5597V		ol
Simple Dr. R. Franklin Birely  2024 2 Company Dr. R. Franklin Birely  2024 2 Company Dr. Respective Dr. Respect					
Simple Dr. R. Franklin Birely  2024 2 Company Dr. R. Franklin Birely  2024 2 Company Dr. Respective Dr. Respect					
Simple Dr. R. Franklin Birely  2024 2 Company Dr. R. Franklin Birely  2024 2 Company Dr. Respective Dr. Respect					
Bustiel 1-27-59 United Breitern Cem. Thursdand					
			soults Birely	or, h. Fr	
	Bruttend, Jacob	all the same		1-27-59	, a

644 CERTIFICATE OF DEATH

Reg. Dist. No.

	110g. D151, 110,	-
1. PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Tendersel	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	
Rural Wilkersville offe	Kural Walkersulle	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDEN ON A FAR YES \( \sum \) NO	RM?
3. NAME OF First Middle	Last 4. DATE Manth Day Year	
OFCEASED (Type or print) ZOA ELLEN	STALEY DEATH Jan. 22 19:	-0
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years IF UNDER 1 YEAR IF UNDER 24	4 HRS.
F WIDOWED DIVORCED	Manths Days Hours N	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU		UNTRY
during mast of working life, even if retired)	Dag. 1 1	
Houseunfe our home	Manyand W. D. A.	•
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles E. Mercen	Tavenia Vorte	
	INFORMANT Address	,
(Yes, no. or unknown)   If yes, give war or dates of service)	r. Raymend Staley Wolkerwill, m	2/.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	onset and dea	
420.1 DUE TO	13000	
0-0-0	tic CVA	
Canditians, if any, which gave rise to immediate (b)	uc C.V.D.	
catse (a), stating the under-		
lying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	OPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED YES NO	
	ED. (Enter nature of injury in Part I or Part II of item 18.)	· Kape
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	LACE OF INJURY fHame, form, 20f. (City or tawn) (County) (S	(Stote)
Haur a. m. While Nat while p. m. 19 wark at wark	actary, street, affice bldg., etc.)	
31	50 21 00 17	_
21. I certify that lattended the deceased fram.	19.37, to 12.00, 19.37, that I last saw the deci	
alive an 25 1959, and that death	h occurred at 6:150M, fram the causes and an the date stated a	abave
M. O.	ADDRESS (Street, city or town, state) DATE S	
SIGNATURE PARAMA SOME	un Warsenville Md 1/23/	150
Total Andrews		
PHYSICIAN'S NAME (Type) JAMES E. STONEP JR.		
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (State)	,
REMOVAL (Specify) Con 25 1959 MI de Co	uster Walkermille m	1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TOUCH THE COTTLETE THE	7 .
1100		
9. C. Barlon, Walkerburlle	ma. DATE JAN 26'59 C. Thun S. Frank	

TO HOSPITAL OR AUTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 Suneral director, could be filed with the haspital or attending physician. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. may be retain TO FUNERAL D VS A1S (4) 1SM 9/SS

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		su municipality a mini sul-rep a

CEDTIEICATE OF DEATH

00631

545	CERTIFICA	AIL OF BEATH	Reg. Dist	. No.
PLACE OF DEATH YO. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE  Maryland	b. COUNIX	before admission)
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR JÓWN (If outside of X Reval	corporate limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give a OR INSTITUTION	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED SHATZ MOIN (Type or print) SHATZ MOIN	A JUNE	STINE DE		Day Year 14 19 5
1. \	MARRIED NEVER MARRIED O	8. DATE OF BIRTH	1 1 1 1 1 1	YEAR IF UNDER 24 HE Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	JSTRY M. BIRTHPLACE (State or fore	ign country) 12. CITI2	EN OF WHAT COUNT
3. FATHER'S NAME Earl E. Stin	L.	Catherine	Heines	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		arl E. Stine, a	danistour, 7	nd.
493 X IMMEDIATE CAUSE (o)	Proum			zays
PART II. OTHER SIGNIFICANT CONDITION	mental re	tardalion		1(a) 19. WAS AUTOPS PERFORMED? YES NO
	. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Part 1 o	r Port II of item 18.)	
Hour o. m.	20d. INJURY OCCURRED  While Not while for the work of the work   20e. P	LACE OF INJURY (Home, form, 20f. octory, street, office bldg., etc.)	(City or town) (Co	ounty) (Stot
21. I certify that I attended the de olive on /2 Town,  ACTUAL SIGNATURE R. G.	~	h occurred ot 3 A.M.	from the causes and an the \$55 (Sireet, city or town, state)	
PHYSICIAN'S R, L. GL	LEST	Fred	nick, M	q
220. BURIAL, CREMATION, REMOVAL (Specify) Serval gan 16,19	59 Locust Tro	me Cametery m	OCATION (City, town, or county)	(State)
C, C Barta We	alkersvelle.	md DATE N 1 9		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 e funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haury ofter death. by the haspital or attending physician.
CTOR: After this certificate has been signed by the attending physician and completely filled in TO FUNERAL VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/S5

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

eg. Dist. No.

	SV N			Rey	. Dist. 140.
	1. PLACE OF DEATH O. COUNTY FRED ERICK	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE)	deceased lived. If institution: Re b. COUNTY	sidence before admission) PEDERICK
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	RURAL M	e corporate limits, write RURAL  TAIRY	ond give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION FRICK MEMO	address) RIALHOSPIT	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) W/LL/AM A	Middle TI	HOMAS 4.1	DATE Month OF AN	Day Year 1959
	MALE COLORED WIDOWE		JAH 22-190	8 lost birthdoy) Mon	NDER 1 YEAR IF UNDER 24 HRS.  ths Doys Hours Min.
	10c. USUAL OCCUPATION (Give kind of work done 10b.  during most of working life, even if refired)  ACALARON ER	KIND OF BUSINESS OR INDUS	111	reign country)	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME WALTER H. THOM	UAS	14. MOTHER'S MAIDEN NAME IDAPE	ACH	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give wor or dates of service)	social security No. 17. In 22-05-4900	TDA THOMA	AS MT All	RY MA
	1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	re for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cotse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  (c)	prtensire C	a diovascula	o ronal dise	an 2 year
	PART II. OTHER SIGNIFICANT CONDITIONS C				PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	TRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Port I	l or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of world	Not while fac	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
	21. I certify that I attended the decease alive an	ed fram / / b		,	at I last saw the deceased on the date stated above. DATE SIGNED
	PHYSICIAN'S Henry V.	Chase .	Freder	urch St ick M	1/7/59
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  JAM 10-1958	22c. NAME OF CEMETERY OR SIMPSONS	CREMATORY 22d.	LOCATION (City, town, or could be the AMENT MAN	RKET MA
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS - Mu-Mark	A ALV DATE JAN	REGISTRAR 24b. REGISTRAR	0 1

1 1 1 1	MARYLAND STATE DEPARTMENT OF REALTH-SALTIMORE, 16
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	0		CLICITI	CAI	L OI DEAT		R	leg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY Fre	ederick		MARYLA	2.	USUAL RESIDENCE (W	there deceased live	b. COUNTY	Residence b	efore admiss	sion)
RURAL and give ne	f outside corporate limits earest town) ederick	, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	ick, Man		AL ond give	nearest low	n)
OR INSTITUTION	atchley Nur		US E		d. STREET ADDRESS	. Market	t Street			FARM?
3. NAME OF DECEASED (Type or print)	Nelli.		Middle Ritchie		Titus	4. DATE OF DEATH	Month January	15	,	Year 19 <b>59</b>
Female	1000 A A	7. MARRI	DIVORCED		Jan. 1, 18			UNDER 1 YE		Min.
Oa. USUAL OCCUPATION during most of work Housewi	ON (Give kind of work do ling life, even if relired)	one 10b.	NONE	INDÚSTRY		or foreign count			OF WHAT	COUNTR
3. FATHER'S NAME				1	. MOTHER'S MAIDEN					
James :	Scarff				Eliza No	orris Do	iglas			
IS, WAS DECEASEDEVE IYes, no. or unknown)	R IN U. S. ARMED FORC Ilf yes, give wor or dates of ser NO	ES? 16. !	none	17. INFO	mant s. Martin F	litchie	Address 1308 N		ket St	t. Fr
Conditions, if or gove rise to it couse (o), stoling lying couse lost.	The under- Co. (c).		ando vo	esdo	foreur dar d	wee	دد	4	Syn	ys 5+
PART II. OTH	S UNDERLYING TO		ONTRIBUTING TO DEATH					IN PART 1(o	PERFO	AUTOPSY PRMED? NO
	MEDICAL EXAMINER									
20c. TIME OF INJUR Hour a. ft. p. m.	Y Month, Day, Year 19	While	Not while of work	factory	OF INJURY (Hame, far street, office bldg., et	m, 20f. (City or c.)	town)	(Coun	(עי	(Stote)
alive on	at I attended the	decease 1, 12.2	d from January		, 1945 to curred of 40	M, from t	5, 19 5 yne causes and city or lown, stor	on the	date state	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO		nomas	Sr. M.D.	DV OF C			reet. I			/d
REMOVAL (Specify) Burial	Jan. 19.	159	Mt. Olive			100000000000000000000000000000000000000	City, town, or corick. Ma	ounty) rvlan	(State	e)
3. FUNERAL DIRECTOR"		4	ADDRESS Frederick,	1	land 240. REC	'D BY REGISTRAR				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be refreed by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary.	ere deceased lived. If institution  Land  b. COUNTY	Residence before admission)  Carrell
RURAL and give r	k	6 Days	Mt. Air	utside carporate limits, write RUF y-Rural R. F. D	100
OR INSTITUTION	TAL (If not in hospitol, given Memorial Ho		d. STREET ADDRESS Emerson	Burrier Road	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LaRUE	Middle HETTIE	TRESSLER	4. DATE Month OF DEATH Janua	
5. SEX Female		7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  January 29,19	last hirthdoyl	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION during most of wor Domestie	ON (Give kind of work do king life, even if retired)	10b. KIND OF BUSINESS OR INDU At Home		or foreign country) yland	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	John Vincer	at Fax	14. MOTHER'S MAIDEN N	abel Lizzie Hes	son
15. WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY NO. 17.	informant Ir. Garl A. Tr	essler-Same as	T. 11-
	ATH [Enter only one county ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	congestive	heart fu	ilure.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gove rise to couse (a), stating lying cause lost.	mmediate (	Pulmonary a	telectasis (	post operativ	re)
Chroni 200, ACCIDENT W	c Choleers	ITIONS CONTRIBUTING TO DEATH BU  LICE CONTRIBUTION TO DEATH BU	jasis 4 Chol	edocholithias	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUI		While Not while fo	LACE OF INJURY (Home, form, actory, street, office bldg., etc.	20f. (City or town)	(County) (State)
₹ p. m.	19	at wark  ot work			
		deceased fram 12-12-9	, 1958, to f	_M, fram the couses an ADDRESS (Street, city or town, ste	d on the date stated above
21. I certify to alive on/	nat I attended the o	deceased from 12/29 , 1909, and that death E. Lea, Surgeon	M.D. East Chur Frederick	_M, fram the couses an ADDRESS (Street, city or town, ste	1/4/59

TO FUNERAL Di page 3 shauld be of the registror prior t TO HOSPITAL OR VS A15 (4) 15M 9/55

eral director, be filed with

ed by the attending physician and campletely filled rmit. Then please remave carbon papers. Pages 1 c any event within 72 hayrs after death.

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within 24 hours after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

y the haspital or attending physician.

OR: After this certificate has been signed detached far use as the burial-transit permi

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VS A15 (4) 15M 9/55 

MARYLAND	STATE DEPARTME	NT OF HEALTH-	-BALTIMORE, 18
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611 CERTIFICATE OF DEATH

Reg.		11	13	65	1	53
Reg.	Dist.	N	0.	1	- 00	4

1. PLACE OF DEATH  o. COUNTY DELLINATED MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll	
b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b URAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Westminster	
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDEN ON A FAR	NCE RM?
nederach City Hopeful	Route # 2 YES NO	0
3. NAME OF DECEASED (Type or print) (BABY BOY)  Middle	1 Alte OF DEATH OF . 28 19	59
5. SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D		4 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS		UNTRY?
during most of warking life, even if retired)	Tredoring md 11:50	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME /	
M. S. Il Walk	Rett. Gradus A	
	NFORMANT Address	
(Yes, no. or unknown) (If yes, give wor or dates of service)	Sarl Walts Westmanter RD #2 m	1.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWE	EEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congenital	heart of Allese ONSET AND DE	ATH
7545 DUE TO	11.170	-
Conditions, if ony, which )		
gave rise to immediate cadse (o), stating the under-		
lying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME YES NO	ED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
Hour a.m. While Nat while fac	ACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (tary, street, affice bldg., etc.)	(State)
0 4 4 4	7 204 . 04 . 28 256	
21. I certify that I attended the deceased from 1000 states to the	7., 1921, to 1.21, 1959, that I last saw the dec	
alive an 1957, and that death	accurred at 5.4 AM, from the causes and an the date stated of ADDRESS (Street, city or town, state)	above.
SIGNATURE SESSIONAL HERRICAS DE	4.0.228N. Market of Juderick Ud 1	28/5
PHYSICIAN'S Bernard O. Thomas JV.		
220. BURIAL, CREMATION, 224 DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Specify)	CREMATORY 22d. LOCATION (City. town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS	240, JEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CONTURE SIGNATURE CANDING S. Kraus	
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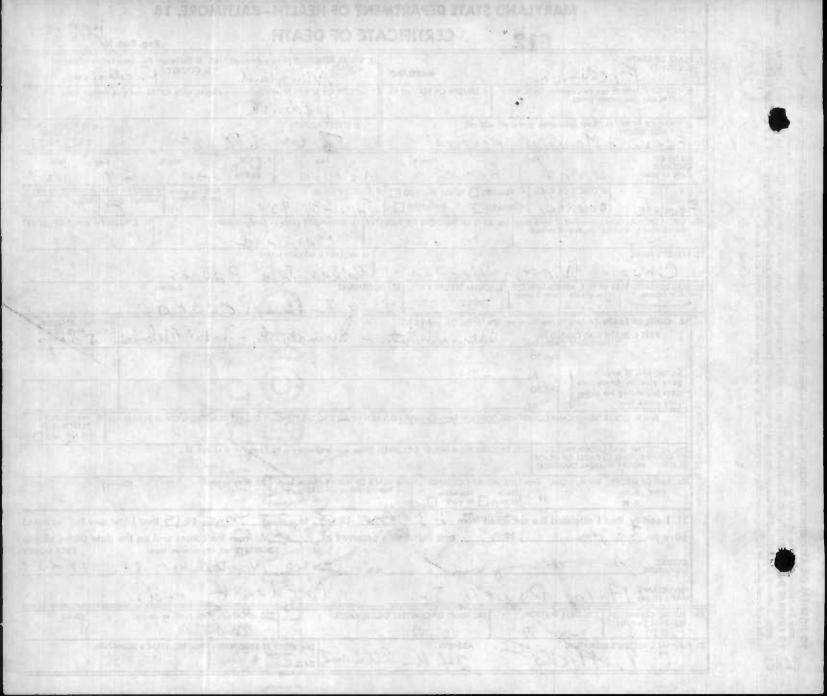
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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612 CERTIFICATE O	F DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY  PROTEIN C MARYLAND  2. USUAL O. STA	RESIDENCE (Where deceased lived. If institution: Residence before admission)  B. COUNTY  Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK MEMORIAL HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Donna Rence Wes	Last 4. DATE Month Day Year OF DEATH JAN. 28 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF FEMALE)   COLORED   WIDOWED   DIVORCED   JAN.	BIRTH  9. AGE (In years lest birthday)  23, 1959  9. AGE (In years lest UNDER 1 YEAR IF UNDER 24 HKS.  Months Days Hours Min.
during most of working life, even if retired)	RTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
Charles Winston Weeden Cl	ARA JANE BARNES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	tal Recorcs
18. CAUSE OF DEATH [Enter only one cause per lifts for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which )	rumaturit, - Fetal Alla Josi. Interval Between Onset and Death
gave rise to immediate coese (a), stating the under-lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO []
	ure of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not white at work of work	URY (Home, farm, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 2-3 , 19 alive an 2-8 , 19 5 , and that death accurre	6.00,
ACTUAL SIGNATURE M.D	220 N. Market St. 1 Fols
PHYSICIAN'S 17-N. Powell Tr.	Trederick med.
22c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify) Burial 1-20 59 FRINVIEW	PRY 22d. LOCATION (City, town, or county) (State) Frederick Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24 W. All Sa	DATE FEE 4 59 246, REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55



VS A15 (4) 15M 10/57

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00637

13	CERTIFICATE	OF DEATH
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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND	2. USUAL RESID	Maryl	deceased lived.	If institution. COUNTY	n: Residence &		sion)
b. CITY OR TOWN (If outside carpord RURAL and give nearest town)	ate limits, write	c. LENGTH OF STAY IN 1b	c, CITY OR 1		de corporate lin	nits, write RL	JRAL and give	nearest tow	n)
d. NAME OF HOSPITAL (If not in hose of institution frederick Count)	pitol, give street y Chroni	oddress) ie Hospital	d. STREET A		th Mark	et Sti	reet	ON	SIDENCE A FARMS
3. NAME OF DECEASED (Type ar print)	First OURREN	Middle LESLIE	WEI		DATE OF DEATH	Janua Janua		Doy 4,	Yeor 19 59
5. SEX 6. COLOR OR Male White	WIDOW		B. DATE OF BIRTH	er 7,	1877 8	(In years birthdoy) yrs.	IF UNDER 1 Y		ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if Laborer	wark done 10b.	KIND OF BUSINESS OR IND		Maryl	and		12. CITIZE	USA	T COUNTRY?
13. FATHER'S NAME	Welty		14. MOTHER'S		Geesey	C			
15. WAS DECEASED EVER IN U. S. ARME (Yes, no, or unknown)  No  No	D FORCES? 16.		informant r. Robert		R.F	.D.#3		yland	
Conditions, if any, which		ne for (0). (b). and (c).] Ti ye-cardi Outerio J	el Puy	laces,				TONSET AND	TWEEN DEATH
PART II. OTHER SIGNIFICAN  PART II. OTHER SIGNIFICAN  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM	T CONDITIONS	CONTRIBUTING TO DEATH BU					EN IN PART 1(	PERF	AUTOPSY DRMED?
20c. TIME OF INJURY Manth, Day Haur a. m. p. m.	While		LACE OF INJURY (I octory, street, office	lome, farm, bldg., etc.)	20f. (City or tow	n)	(Cour	nty)	(State)
21. I certify that I attended alive an State H	the deceased in 19.		4 , 1958 h accurred at	:15P. A	M, fram the DRESS (Street, ci	Causes a		date stat	
PHYSICIAN'S Dr. H. F			*****		Marylan				
220. BURIAL, CREMATION, 22b. DATE TO Jan 8		Mount Olive			d. LOCATION (C		r county)	Maryl	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & S	on, Fre	derick, Maryla	nd	240. REC'D BY	y registrar		TRAR'S SIGNA		

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	agents are not their text of	Large Charles and Solds	
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	September 7, 1077 II.		
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CERTIFICATE OF DEATH

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			546	CERTII	FICA	E OF D	EAII	1		Reg. E	ist. No		
1. PLACE o. CO	OF DEATH	Frederick		MARYL	- 11	o. STATE	Me (Wi	here decesse aryla	nd lived. If institut	ion: Reside		re odmis ric	
Sa D	OR TOWN	(If outside corporate lim nearest town) VIIIE	its, write	c. LENGTH OF STAY I	N 1b		vil		Smiths			D D	n)
_ OR	INSTITUTION	not occur	7.33			d. STREET AD	DRESS						SIDENCE A FARM? NO (2)
3. NAME DECEA (Type	OF ASED or print) A	nnie	-	uver W	illa	rd		4. DATE OF DEATH		ary	11,	ЭУ	Yeor 19 59
	emale	White	WIDOWE			Aug. 3	7	1866	9. AGE (In years gastbirthdoy) yrs	Months	-	Hours	ER 24 HRS. Min.
Ho	usewi	ION (Give kind of work rking life, even if retired I E	done 10b.	Own Home		Mar	yla	nd	country)	12. C		S.A	COUNTRY
	Peter	Hauver				14 MOTHER'S A Su	San	Fo	X				Fie
15. WAS		ER IN U. S. ARMED FOI Iff yes, give wor or dates of	(maison)	social security no. None		a Will	ard		Foxvi	iress 111e		Md.	
gov cou: lyin	.50.0 nditions, if over rise to se (o), stoting ng couse lost.	the under-	S. S.	nile g					nt nt		2	y y	
□ OR C	ACCIDENT W	THER SIGNIFICANT CON  (AS UNDERLYING   G  CAUSE OF DEATH  Y MEDICAL EXAMINER)		CRIBE HOW INJURY OF			60			VEN IN PA	(K) 1(0)	PERFC	DRMED?
WEDICAL 20c. 1	TIME OF INJU Hour o.m. p.m.	RY Month, Day, Ye	While	Not while	20e. PLACI foctor	E OF INJURY (H ry, street, office	ome, form bldg., etc	n, 20f. (Cit	y or town)		(County)		(Stote)
oliv ACTI SIGN	e on	ames Dr. Jam	19 S		deoth o	ccurred of	; 99	A M, from	L 195 m the causes irret, city or town	ond on		te stat	deceased ed abave ATE SIGNED
220. BURI	IAL, CREMATIC	ON. 226. DATE THEREO	OF	22c. NAME OF CEME Mt. Mori			y	_	TION (City, town,	or county	larv	(Stor	
23. FUNE	RAL DIRECTOR		gn	ADDRESS	3.6.2			D BY REGIS		ISTRAR'S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by uneral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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